



Certificate of Liability Insurance (COI)

Request Form

Click here to email completed form

All requests for certificates of liability insurance must be submitted by an association official.

Date: _____

Association Information

Name: _____

Contact: _____ **Position:** _____

Phone: _____

Fax: _____

Email: _____

Team/Club Information

Name: _____

Contact: _____

Phone: _____

Email: _____

Certificate Holders Information

Name: _____

Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Fax: _____

Email: _____

Does Certificate Holder wish to be named as additional insured? Yes No

Tournament, Practice, Tryout, Special Event, Camp, etc... Information

In order to process requests, all Camps & Special Events must submit a list of Volunteers, Instructors, & Coaches with the name of the association they register through, in order to verify receipt of their risk forms. Any information you provide regarding their risk form will help expedite the process.

Name: _____

Contact: _____ **Title:** _____

Dates: _____ **time** _____ **through** _____ **time** _____

Additional information: