CERTIFICATE OF INSURANCE REQUEST

ALL REQUESTS BY CLUBS MUST BE SENT TO THE REGION

REGION:	NEED BY DATE:
CLUB NAME:	
ADDRESS:	CONTACT NAME:
	PHONE #: ()
DOES THE CLUB REQUIRE A CERTIFI IF YES, CLUB WILL RECEIVE A CERTIFI	CATE OF INSURANCE?YESNO FICATE AS PROOF OF INSURANCE)
PREFERRED METHOD OF CERTIFICAT	TE DELIVERY:
E-MAIL:	FAX:
AUTHORIZED RVA SIGNATURE:	DATE:
	duled tournaments to be organized/sponsored by the be utilized (with full business name and address) for
SEND ADDITIONAL INSURED CERTIFIC	CATES TO CLUB CERTIFICATE HOLDER
CERTIFICATE HOLDER	
1) NAME:	ATTENTION:
ADDRESS:	ADDITIONAL INSURED YES
	NO
E-MAIL:	FAX:
LIMITS OF COVERAGE REQUESTED:	GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY
(ONLY CHECK FOR EXCESS LIABILITY IF (\$1,000,000 OF COVERAGE)	CERTIFICATE HOLDER REQUIRES MORE THAN
REASON FOR CERTIFICATE: Building	Owner Sponsor Tournament
Other – Describe:	
Special Instructions:	

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ENERAL LIABILITY (\$1,000,000)
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LDER REQUIRES MORE THAN
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ENTION:
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ONAL INSURED YES NO NO NO NO NO NO NO ONE RAL LIABILITY (\$1,000,000)
IONAL INSURED YES NO CNERAL LIABILITY (\$1,000,000) CCESS LIABILITY