

**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 CERTIFICATE OF INSURANCE? \_\_\_\_YES \_\_\_\_NO  
IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

PREFERRED METHOD OF CERTIFICATE DELIVERY:

\_\_ FAX: \_\_\_\_\_ \_\_ E-MAIL: \_\_\_\_\_

AUTHORIZED RVA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please attach to this form a list of scheduled tournaments to be organized/ sponsored by the Club as well as a list of the facilities to be utilized (with full business name and address) for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO \_\_\_\_\_ CLUB  
\_\_\_\_\_ CERTIFICATE HOLDER

CERTIFICATE HOLDER

1) NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED \_\_\_\_ YES

\_\_\_\_\_ NO

\_\_ FAX: \_\_\_\_\_ \_\_ E-MAIL: \_\_\_\_\_

LIMITS OF COVERAGE REQUESTED: \_\_\_\_\_ GENERAL LIABILITY (\$1,000,000)  
\_\_\_\_\_ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: \_\_\_\_ Building Owner \_\_\_\_ Sponsor \_\_\_\_ Tournament

\_\_\_\_ Other – Describe: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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2) NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED \_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LIMITS OF COVERAGE REQUESTED: \_\_\_\_\_ GENERAL LIABILITY (\$1,000,000)  
\_\_\_\_\_ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: \_\_\_ Building Owner \_\_\_ Sponsor \_\_\_ Tournament

\_\_\_ Other – Describe: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

3) NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED \_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

LIMITS OF COVERAGE REQUESTED: \_\_\_\_\_ GENERAL LIABILITY (\$1,000,000)  
\_\_\_\_\_ EXCESS LIABILITY

(ONLY CHECK FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

REASON FOR CERTIFICATE: \_\_\_ Building Owner \_\_\_ Sponsor \_\_\_ Tournament

\_\_\_ Other – Describe: \_\_\_\_\_

Special Instructions: \_\_\_\_\_