



# UNITED STATES ADULT SOCCER ASSOCIATION

Member of the United States Soccer Federation  
7000 S. Harlem Ave ~ Bridgeview, IL 60455 ~ (708)496-6870

## League D&O Insurance Form

Email or FAX Completed Form to: [nschmitt@usasa.com](mailto:nschmitt@usasa.com) || 708-496-6879

Member Association Name	State Verification Officer's Name
Date	State Verification Officer's Signature

League Classification - Please circle one - (Men's)

<b>LEAGUE NAME</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone
Web Site			# of Players

<b>PRESIDENT</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

<b>VICE PRESIDENT</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

<b>SECRETARY</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

<b>TREASURER</b>			
Mailing Address			
City	State		ZIP
E-mail			Telephone

**THIS FORM MUST BE RECEIVED BY THE USASA NATIONAL OFFICE BEFORE YOUR LEAGUE DIRECTORS AND OFFICERS WILL BE INSURED UNDER THIS POLICY. PLEASE USE AN ADDITIONAL SHEET TO LIST OTHER OFFICERS IF NEEDED.**

**NAME**

Mailing Address

City

E-mail

State

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