



Insurance Certificate Request Form

(MEMBERS)

Complete a Certificate of Insurance for your club, or the facility you are utilizing. Go to Contact Us at usclubsoccer.org to find your state's Admin Staff Region Representative. When completed, email to the address which corresponds to your region. Please indicate date needed: _____ (allow 3 days for processing.)

- Region A: AdminRegionA@usclubsoccer.org
- Region B: AdminRegionB@usclubsoccer.org
- Region C: AdminRegionC@usclubsoccer.org
- Region D: AdminRegionD@usclubsoccer.org
- Region E: AdminRegionE@usclubsoccer.org

Club requesting certificate: _____

Club ID #: _____

Club Street Address: _____

City, State & Zip: _____

Contact Person: _____

Phone: _____

Email (please include): _____

Tournament Name (if insurance for this purpose): _____

Tournament Dates: _____

Certificate Type Required: Youth Program Certificate Adult Program Certificate

Which of the following types of certificates are you requesting? (place X in the appropriate box)

- Named Insured** - members of US Club Soccer (carded players and staff). This certificate lists the club as a named insured in its description of operations and as Certificate Holder.
- Additional Insured** - not members of US Club Soccer. These are typically the field/facility owners, and are listed along with the club on the certificate. *If this coverage is for other than field/facility owners, please specify **why** you are requesting this certificate.*

Facility Details Required: Outdoor Facility Indoor Facility

If you are requesting a certificate for Additional Insured, please provide the following information.

Field Owner's Legal Name: _____

Field Owner's Address: _____

Field Owner's City/State/Zip: _____

Field Owner's Phone: _____

- Endorsement Needed** – *If an endorsement is needed please specify what you are requesting.*
