

**CERTIFICATE OF INSURANCE REQUEST
2025-2026 SEASON GULF COAST REGION**



ALL REQUESTS BY CLUBS MUST BE EMAILED TO THE REGION OFFICE

REGION: **Gulf Coast Region of USA Volleyball**

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)

E-MAIL: _____

AUTHORIZED CLUB SIGNATURE: _____ DATE: _____

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

CERTIFICATES WILL BE SENT TO REQUESTING CLUB. IT IS THE CLUBS RESPONSIBILITY TO FORWARD CERTIFICATES TO THEIR POINT OF CONTACT

ADDITIONAL INSURED CERTIFICATE HOLDER:

1) NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: _____ YES
_____ NO

PHONE: () _____

FAX #: () _____ E-MAIL: _____

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

☐ EXCESS LIABILITY

☐ SEXUAL ABUSE

(ONLY CHECK BOX 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 _____

ADDITIONAL INSURED CERTIFICATE HOLDER:

2) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED: _____ YES

PHONE: () _____
FAX #: () _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: ☐ GENERAL LIABILITY (\$1,000,000)
☐ EXCESS LIABILITY
☐ SEXUAL ABUSE

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

Reason for certificate: _____ Building Owner _____ Sponsor _____ Tournament
_____ Other - Describe _____

Special Instructions _____

ADDITIONAL INSURED CERTIFICATE HOLDER:

3) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED: _____ YES

PHONE: () _____
FAX #: () _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: ☐ GENERAL LIABILITY (\$1,000,000)
☐ EXCESS LIABILITY
☐ SEXUAL ABUSE

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

Reason for certificate: _____ Building Owner _____ Sponsor _____ Tournament
_____ Other - Describe _____

Special Instructions _____
