CERTIFICATE OF INSURANCE REQUEST 2023-2024 SEASON GULF COAST REGION



ALL REQUESTS BY CLUBS MUST BE EMAILED TO THE REGION OFFICE

CLUB NAME:		
ADDRESS:	CONTACT NAME:	
	PHONE #:	
DOES THE CLUB REQUIRE A CERTIFICATE OF (IF YES, CLUB WILL RECEIVE A CERTIFICATE		
E-MAIL:		
AUTHORIZED CLUB SIGNATURE:Please attach to this form a list of scheduled practicular as well as a list of facilities (name and address)		
CERTIFICATES WILL BE SENT TO REQUESTING FORWARD CERTIFICATES TO THEIR POINT OF		UBS RESPONSIBILITY TO
ADDITIONAL INSURED CERTIFICATE HOLDER	R:	
1) NAME: ATT	ENTION OF:	
ADDRESS:	ADDITIONAL INSU	RED: YES No
PHONE: ()		
FAX #: () E-MAIL:		
LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000)	CESS LIABILITY	SEXUAL ABUSE
(ONLY CHECK BOX FOR EXCESS LIABILITY IF THAN \$1,000,000 OF COVERAGE)	CERTIFICATEHOLDE	R REQUIRES MORE
Reason for certificate: Building Owner Other - Describe	Sponsor	Tournament
Special Instructions		

ADDITIONAL INSURED CERTIFICATE HOLDER: 2) 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 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 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 CERTIFICATEHOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE) Reason for certificate: Building Owner Sponsor Tournament Other - Describe _____

Special Instructions_____