



USA Volleyball

CERTIFICATE OF INSURANCE REQUEST 2006-07 SEASON

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 facilitie(s) (name and address) to be used for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB
 CERTIFICATEHOLDER

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

(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 _____

USE OTHER SIDE IF ADDITIONAL CERTIFICATES ARE REQUIRED.

ADDITIONAL CERTIFICATE HOLDERS (page 2):

2) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED: ____ YES
____ NO

Phone: (____) _____

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

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

(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 _____

3) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED: ____ YES
____ NO

Phone: (____) _____

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

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

(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 _____

4) NAME: _____ ATTENTION OF: _____
ADDRESS: _____ ADDITIONAL INSURED: ____ YES
____ NO

Phone: (____) _____

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

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

(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 _____