*Complete this Certificate of Insurance for your club, or the facility you are utilizing.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When completed, email to AdminRegionB@usclubsoccer.org.

*Please indicate date needed:*       (***allow 3+ days for processing****.)*

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| --- | --- |
| 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)

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| --- |
| **[ ]**  |

**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.

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| **[ ]**  |

**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.*

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| --- | --- | --- | --- | --- |
| 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:  |       |

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| --- |
| **[ ]**  |

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

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