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

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When completed, email to [AdminRegionB@usclubsoccer.org](mailto: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:* |  | |

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| 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.***

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| --- | --- |
| 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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