



**CERTIFICATE OF INSURANCE REQUEST  
2009-2010 SEASON**

**USA Volleyball.**

**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 \_\_\_\_\_

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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 \_\_\_\_\_

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