



# 2009-10 USA HOCKEY



## Request for Certificate of Insurance

Please allow 30 days for processing Requests for Certificates of Insurance

Name of Team/Club: \_\_\_\_\_

Address of Team/Club: \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ — \_\_\_\_\_ Email: \_\_\_\_\_

Event (if other than 'all club activities'): \_\_\_\_\_

Event Location(s): \_\_\_\_\_  
\_\_\_\_\_

Event Date(s): From: \_\_\_\_\_ To: \_\_\_\_\_

List any additional insureds (those entities that you are contractually obligated to name as an additional insured and PLEASE ATTACH a copy of that contract[s]):

Name of Additional Insured

Relationship to Team/Club

_____	_____
_____	_____
_____	_____

Mail the Certificate to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of District Risk Manager: \_\_\_\_\_

No other individual can sign on behalf of the District Risk Manager. Please forward this document to your District Risk Manager.

USA Hockey, Inc.  
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