

MINNESOTA YOUTH SOCCER ASSOCIATION

LIABILITY INSURANCE CERTIFICATE REQUEST FORM

Certificate Requested by:

Name of Affiliate Member, Association, League, Club

Club Code (if applicable)

Name of Person requesting Certificate

Date of Request

Address

State

Zip

Phone Number

Email

Fax Number

Certificate Holder Information

Property Owner/Holder, City, County, Park/Rec Dept, College/University, School District

Address

City

State

Zip

Name of Contact Person

Contact Email

Contact Title

Contact Fax Number

Nature of Use by the Organization

Please describe the activities which will take place on or in the Certificate Holders property.

Distribution of Certificates

Please distribute a copy of the certificate to the named **Certificate Holder** via FAX ☐ MAIL ☐ Email ☐

Please distribute a copy of the certificate to the **Certificate Requester** via FAX ☐ MAIL ☐ Email ☐

Check the required distributions and methods of transmission.

Submitting the Form

The completed form may be emailed or faxed to the Minnesota Youth Soccer Association State Office at:

mysa@mnyouthsoccer.org, Fax 952-933-2627

Pullen Insurance Services, Inc.
2560 River Park Dr #300
Fort Worth TX 76116

Phone 817-738-6100
Fax 817-738-2993

Received Request	
Transmitted Request	
Received Certificate	