# Insurance Certificate Request Form

**(MEMBERS)**

*Complete a Certificate of Insurance for your club, or the facility you are utilizing. Go to Contact Us at usclubsoccer.org to find your state’s Admin Staff Region Representative.* When completed, email to the address which corresponds to the Admin for your region. *Date needed:* (***allow 3 days for processing****.)*

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| Region A: [AdminRegionA@usclubsoccer.org](mailto:AdminRegionA@usclubsoccer.org) | Region C: [AdminRegionC@usclubsoccer.org](mailto:AdminRegionC@usclubsoccer.org) |
| Region B: [AdminRegionB@usclubsoccer.org](mailto:AdminRegionB@usclubsoccer.org) | Region D: [AdminRegionD@usclubsoccer.org](mailto:AdminRegionD@usclubsoccer.org) |
| Region E: [AdminRegionE@usclubsoccer.org](mailto:AdminRegionE@usclubsoccer.org) | |

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| Club requesting certificate: |  | |
| *Club ID #:* |  | Located at the end of GotSport account URL: https://system.gotsport.com/org/7785 |
| *Club Address:* |  | |
| *City / State / Zip:* |  | |
| *Contact Person / Phone:* |  | |
| *Email Address:* |  | |
| *Tournament Name & Date (if for this purpose*) |  | |

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| **Certificate Type Required:**  *Certificates do not automatically renew, please note expiration date* |  | Youth Program Certificate  Expires 7/31 |  | Adult Program Certificate  Expires 12/31 |

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 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  Games  Practices / Training / Meetings |

***If you are requesting a certificate for Additional Insured, please provide the following information.***

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| Field Owner Legal Name / Phone: |  |
| Field Owner Address: |  |
| Field Owner City / State / Zip: |  |

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**Endorsement Needed –***please specify what you are requesting.*

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This form should be used for additional insured field requests when accompanied by named insured form prior. It must be typed and complete. You may utilize an XL document when presented in this same format.

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| **New - Renew** | **Field Owner’s Legal Name** | **Field Owner’s Street Address** | **City** | **ST** | **Zip** | **Phone (xxx-xxx-xxxx)** | **Indoor Facility** YES |
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| **Endorsement Needed:** | | | | | | | |
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| **New - Renew** | Field Owner’s Legal Name | Field Owner’s Street Address | City | ST | Zip | Phone (xxx-xxx-xxxx) | Indoor Facility YES |
| **Endorsement Needed:** | | | | | | | |
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