



REQUEST FOR CERTIFICATE OF INSURANCE

The information contained herein is for information purposes only and in no way constitutes a legal contract and does not bind insurance coverage.

(If possible, please allow a minimum of 2 business days for processing)

Please fill out one form for each event:

Name of Member League: _____

Name/Description of Event: (if applicable) _____

Location of Event: (if applicable) _____

Date(s) of Event: (if applicable) _____

Additional Insured to list on certificate of insurance to be issued.

It is understood and agreed that the following entities will be added on a certificate of insurance as Additional Insured's, but only with respect to liability arising out of the Named Insured.

1. Name: _____

Full Address: _____

2. Name: _____

Full Address: _____

3. Name: _____

Full Address: _____

4. Name: _____

Full Address: _____

5. Name: _____

Full Address: _____