

## Insurance Certificate Request Form

In order to obtain a Certificate of Liability insurance for the facility you are using in your clubs name complete the following information and email to <a href="mailto:insurance@njyouthsoccer.com">insurance@njyouthsoccer.com</a>. Allow 3 business days for processing.

Club Information:				
Club Requesting Certificate:				
Club Street Address:				
City, Street & Zip:				
Contact Person: Phone:				
Email (required):				
Reminder: Certificates of Liability Insurance are issued on behalf of member clubs and leagues and field owners who need proof of coverage.				to facility
Additional Insured Information:				
Field Owner's Legal Name:				
Field Owner's Address:  Field Owner's City/ State/Zip:  Field Owner's Phone:				
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Field Address (if different then above)				_
Endorsement Needed (A request	from the addit	ional insured o	or property owner for a CG 2026 form)	
Is this for Tournament Golf Cart I		N	(If yes fill in below)	
Name and Date of Tournament: _				
Please mail this form and a check	in the amount	t of \$100.00 to	o	

New Jersey Youth Soccer

3 Paragon Way, Suite 400 Freehold NJ 07728

Phone:(609)336-2021