

CERTIFICATE OF INSURANCE REQUEST FORM

ALL CERTIFICATE REQUESTS SHOULD BE SENT TO USA JUDO NATIONAL OFFICE:

**USA JUDO National Office
One Olympic Plaza, Suite 505
Colorado Springs, CO 80909
Phone: 719-866-4730 Fax: 719-866-4733**

IF FOR AN EVENT, PLEASE INCLUDE A COPY OF THE STATE SANCTION AND THE EVENT FLYER.

NEED BY DATE: _____

CLUB NAME: _____

ADDRESS: _____ CONTACT NAME: _____

_____ PHONE #: (____) _____

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE?: _____ YES _____ NO
(IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

PREFERRED METHOD OF CERTIFICATE DELIVERY: FAX #: (____) _____
 E-MAIL: _____

IF THIS IS A REQUEST FOR AN **EVENT**, PLEASE COMPLETE THIS SECTION

NAME OF EVENT: _____

DATE OF EVENT: _____

SITE OR LOCATION OF EVENT: _____

IS THE INSURED THE PRIMARY HOST FOR THE EVENT? YES NO

SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB
 CERTIFICATEHOLDER

CERTIFICATE HOLDER:

1) NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: _____ YES
_____ NO

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000)

Reason for certificate: _____ Building Owner _____ Sponsor _____ Tournament
_____ Other - Describe _____

Special Instructions _____

Postmark Date: _____	Club Registered for 2005: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received: _____	
Date Sent to Insurer: _____	
Via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail	USA JUDO CLUB NO: _____

USE OTHER SIDE IF ADDITIONAL CERTIFICATES ARE REQUIRED

ADDITIONAL CERTIFICATE HOLDERS (page 2):

2) NAME: _____ **ATTENTION OF:** _____

ADDRESS: _____ **ADDITIONAL INSURED:** _____ YES
_____ NO

LIMITS OF COVERAGE REQUESTED: **GENERAL LIABILITY (\$1,000,000)**

Reason for certificate: _____ **Building Owner** _____ **Sponsor** _____ **Tournament**
_____ **Other - Describe** _____

Special Instructions _____

3) NAME: _____ **ATTENTION OF:** _____

ADDRESS: _____ **ADDITIONAL INSURED:** _____ YES
_____ NO

LIMITS OF COVERAGE REQUESTED: **GENERAL LIABILITY (\$1,000,000)**

Reason for certificate: _____ **Building Owner** _____ **Sponsor** _____ **Tournament**
_____ **Other - Describe** _____

Special Instructions _____

4) NAME: _____ **ATTENTION OF:** _____

ADDRESS: _____ **ADDITIONAL INSURED:** _____ YES
_____ NO

LIMITS OF COVERAGE REQUESTED: **GENERAL LIABILITY (\$1,000,000)**

Reason for certificate: _____ **Building Owner** _____ **Sponsor** _____ **Tournament**
_____ **Other - Describe** _____

Special Instructions _____