



# 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](http://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.)

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

Club requesting certificate: \_\_\_\_\_

Club ID #: \_\_\_\_\_

Club Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Contact Person / Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tournament Name & Date: \_\_\_\_\_  
(if for this purpose)

**Certificate Type Required:**  
*Certificates do not automatically renew, please note expiration date*

Youth Program Certificate Expires 12/31

Adult Program Certificate Expires 12/31

**Which of the following types of certificates are you requesting?** (Place X in the appropriate box)

**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.

**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 is for other than field/facility owners, please specify why you are requesting.*

\_\_\_\_\_

\_\_\_\_\_

**Facility Details Required:**

Outdoor Facility

Games

Practices / Training / Meetings

Indoor Facility

Games

Practices / Training / Meetings

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

Field Owner Legal Name / Phone: \_\_\_\_\_

Field Owner Address: \_\_\_\_\_

Field Owner City / State / Zip: \_\_\_\_\_

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