



# USA Hockey – Certificate of Insurance Request



## Instructions (please read):

- Please allow 30 days for the processing of this request.
- This request must be submitted by an USA Hockey association, team or club.
- Only the District Risk Manager can review and submit these requests to the insurers. Submitting directly to insurers will delay processing.
- Please ensure that the information provided is correct and legible, especially e-mail addresses.
- Typed responses are more legible than handwritten.
- This form is required only if you need to have an entity named as a certificate holder or an additional insured. If all you need is proof of insurance, you do not need to complete this form, instead request a proof of insurance from the District Risk Manager.
- **Coverage Applies to Only USA Hockey Approved/Sanctioned Events; any Event not Approved/Sanctioned by USA Hockey Voids Coverage.**

## Member Association Information:

Name of Team / Club:	
Association Code:	
Club Contact Name:	
Contact Phone:	
Contact Email:	
USA Hockey District:	

## Event Information:

All events must be a USA Hockey approved/sanctioned event. If you are unsure of whether event is approved/sanctioned, please contact District Risk Manager.

Event:	
Location:	
Dates:	
Additional Information:	
Is the event a tournament?	<input type="checkbox"/> Yes <input type="checkbox"/> No – Please Note: USA Hockey provides coverage only for approved/sanctioned tournaments in the US & Canada. Please provide proof that the tournament is approved/sanctioned by either USA Hockey or Hockey Canada to your District Risk Manager or your District Tournament Sanction Number.

## Request Type:

Additional Insured Status (Requested)

Waiver of Subrogation Status (Requested)

If you are requesting one of the entities listed to be an additional insured, do you have a contract with the party?

Yes – If yes, you must enclose a copy of the contract with this request to your District Risk Manager

No – we do not have a contract with the requesting party

## Additional Insureds/Certificates Holders:

Please list each additional insured or certificate holder by their legal name(s) – add additional forms if needed.

ADDITIONAL INSURED? Check here	CERTIFICATE HOLDER? Check here	FULL NAME	FULL ADDRESS

Risk Manager Name:

Phone:

District:

E-Mail:

**Submit this request with any supporting documentation to your District Risk Manager.**