

2018 – 2019 USA HOCKEY REQUEST FOR CERTIFICATE OF INSURANCE SOUTHEASTERN DISTRICT

*Allow 30 days for processing Request for Certificate of Insurance
Request must be submitted by authorized team or club member only*

Name of Team / Club:
(Registered with USA Hockey)

Address of Team or Club:
(Must be a registered member
of USA Hockey for GL coverage)

USA Hockey Association Code (assigned by
District Registrar or Associate Registrar)

Contact Person:
*Person from Team or Club
requesting certificate*

Contact's EMAIL Address

Contact Phone Number

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Include Area Code

Event: *(Must be a USA Hockey
Sanctioned event)*

Event Location(s):

*Name of Rink or Building being
used for this event*

Event Date

From:

To:

Dates must be within current GL Policy year from September 1, 2018 to September 1, 2019

List any "additional insured's" *(Those entities that you are contractually obligated to be name as an additional insured)*

PLEASE NOTE

Name of Additional Insured

*Copy of Rink Contract
Required*

for Rink to be Named as

Additional Insured

If requesting this COI for a tournament your association is hosting provide a copy of approved sanction event by the Registrar

Mailing Address of

Additional Insured

*(Not address of association, club
or team)*

**EMAIL ADDRESS TO
SEND THE COI TO**

Mail, or Email This Form To
The
Southeastern District
Risk Manager

Revision 20180901a

Skip Williams
133 Camp Creek Circle
Hendersonville, TN 37075-8599

Phone: (865) 223-1004 (Cell)
Email: skip.williams@nasc.com
SOUTHEASTERN DISTRICT-*Alabama,*
Arkansas, Dist of Columbia, Florida,
Georgia, Louisiana, Maryland, N. & S.
Carolina, Tennessee, Virginia

GUIDE TO COMPLETING A CERTIFICATE OF INSURANCE REQUEST FORM

A Certificate of Insurance (COI) is a form provided by the insurance company that shows evidence of the type of coverage USA Hockey provides under its liability policy. The COI also shows the policy number, the name of the insurance company, types of coverage and limits, and effective dates of the policy. In some cases, the rink or venue requesting the COI will ask to be named on the COI as an additional insured. It is important that the wording used to identify the additional insured is worded exactly as being requested. The insured named on the policy is "USA Hockey, Inc. & Its Member Leagues and Teams" which covers all properly registered hockey teams, clubs, associations, affiliates, and districts. All USA Hockey entities are covered under this policy and changes cannot be made to the policy for each team's needs. If monetary limits greater than USA Hockey's policy are required by a rink, then associations may need to purchase additional excess liability on their own. The effective date of the policy coverage starts, each year, on September 1st 12:00AM and expires on September 1st 12:00AM of the following year. The effective date of the COI starts on the date the certificate is issued and ends on the date requested. This may be either the date the contract or event ends or September 1st if this is an ongoing activity. This could also be for a one day event such as an end of year ceremony or banquet.

FILLING OUT THE REQUEST FORM

1. **Name of Team or Club.** This is the registered name of the team, club, or association. It is best to use the association name and then the team name if needed. This name should agree with the name listed on an ice rental agreement/contract.
2. **Address of Team or Club.** This is the official mailing address used by the team, club, association, affiliate, or district.
3. **Association Code.** This is a code assigned to each member team, club or association by USA Hockey. It is made up of three letters which represent the affiliate the team or association is registered with. An example would be CTH for Connecticut. This is followed by four numbers that are assigned to the association (example CTH1234). The code can be obtained from the association registrar. If the registrar does not know the association code then the association's registration may not have been completed. An affiliate or district will not have an association code. **An association code is required to obtain a COI.**
4. **Contact Person.** Include email address and phone number This can be either the person filling out the request or someone from the member association, team or club that can be contacted for more information if needed. Include a phone number and an email address. A copy of the COI will be sent to this email address and any other email address included in the request.
5. **Event.** Include the type of event the COI is being requested for. This could be sanctioned games & practices at a home rink, a tournament the association is hosting, special functions or use of a venue. The event must be USA Hockey sanctioned events to be covered by the liability policy. To verify if an event is a sanctioned event, contact your district registrar if the event is on-ice. For all other events, contact your District Risk Manager.
6. **Event Location.** The name of the rink, building, or venue in which the event is taking place.
7. **Event Date.** This would be the event starting and ending dates. The dates could be the full hockey season September 1st to September 1st of the following year in the case of ice time at a home rink. This is the effective dates of the COI and not the insurance policy. The effective starting date of the COI cannot be back dated to a date prior to the date request. For example, if a COI is requested for a rink on December 1st and the request form indicates 09/01/18 to: 09/01/19 the effective date of the COI would be 12/01/2018 to 09/01/2019. The policy effective dates are located in section A of the COI and the effective dates of the Certificate are found under the Club Name in the DESCRIPTION OF OPERATIONS section. Policy effective date is 09/01/2018 thru 09/01/2019 mid-night (12:00AM)
8. **Name of Additional Insured.** The name of the rink, business, and municipality requesting to be named as additional insured on the COI. Most ice rental agreements list this information under the section labeled **Insurance**. **A copy of the ice rental agreement contract must be sent to the risk manager along with the request for any Additional Insured to be added to the COI.**
9. **Mailing Address of the Additional Insured.** This is the mailing address of the party that is requesting to be named Additional Insured. This information is used to notify the Additional Insured of any change in the policy. This information is not needed if the COI request is for proof of coverage only.
10. **EMAIL Address to send the COI to** which can be the additional insured / Certificate Holder or Contact Person or both.

Mail, or email the completed form to the District Risk Manager listed on the form.

**If an agreement/contract with the party requesting the COI exists,
include a copy of the agreement/contract.**