



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:

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| 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 |
|-----------------------------------|-----------------------------------|-----------|--------------|
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| Risk Manager Name: | Phone: |
| District: | E-Mail: |

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