



USA Volleyball

CERTIFICATE OF INSURANCE REQUEST
2003 SEASON



REGION: \_\_\_\_\_ NEED BY DATE: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_
PHONE #: ( ) \_\_\_\_\_
FAX #: ( ) \_\_\_\_\_

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE: \_\_\_\_\_ YES \_\_\_\_\_ NO

AUTHORIZED RVA SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of facilitie(s) (name and address) to be used for practices or tournaments by the Club.

CERTIFICATE HOLDER:

NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED: \_\_\_\_\_ YES
\_\_\_\_\_ NO

LIMITS: \$1,000,000

Reason for certificate: \_\_\_\_\_ Building Owner \_\_\_\_\_ Sponsor \_\_\_\_\_ Tournament
\_\_\_\_\_ Other - Describe \_\_\_\_\_

Special Instructions \_\_\_\_\_

NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED: \_\_\_\_\_ YES
\_\_\_\_\_ NO

LIMITS: \$1,000,000

Reason for certificate: \_\_\_\_\_ Building Owner \_\_\_\_\_ Sponsor \_\_\_\_\_ Tournament
\_\_\_\_\_ Other Describe: \_\_\_\_\_

Special Instructions \_\_\_\_\_

FAX OR MAIL REQUESTS FOR CERTIFICATES TO:

K&K Insurance Group, Inc.
Attn: Angie Gallmeyer
1712 Magnavox Way
Ft. Wayne, IN 46801-2338
Phone: 1-800-441-3994
Fax: 1-260-459-5120

USE PAGE TWO IF ADDITIONAL CERTIFICATES ARE REQUIRED

ADDITIONAL CERTIFICATE HOLDERS (page 2):

NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED: \_\_\_\_\_ YES  
\_\_\_\_\_ NO

\_\_\_\_\_ LIMITS: \$1,000,000

Reason for certificate: \_\_\_\_\_ Building Owner \_\_\_\_\_ Sponsor \_\_\_\_\_ Tournament  
\_\_\_\_\_ Other - Describe: \_\_\_\_\_

Special Instructions \_\_\_\_\_

NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED: \_\_\_\_\_ YES  
\_\_\_\_\_ NO

\_\_\_\_\_ LIMITS: \$1,000,000

Reason for certificate: \_\_\_\_\_ Building Owner \_\_\_\_\_ Sponsor \_\_\_\_\_ Tournament  
\_\_\_\_\_ Other Describe: \_\_\_\_\_

Special Instructions \_\_\_\_\_

NAME: \_\_\_\_\_ ATTENTION OF: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDITIONAL INSURED: \_\_\_\_\_ YES  
\_\_\_\_\_ NO

\_\_\_\_\_ LIMITS: \$1,000,000

Reason for certificate: \_\_\_\_\_ Building Owner \_\_\_\_\_ Sponsor \_\_\_\_\_ Tournament  
\_\_\_\_\_ Other Describe: \_\_\_\_\_

Special Instructions \_\_\_\_\_