

UNITED STATES JUDO FEDERATION
REQUEST FOR CERTIFICATE OF INSURANCE

(This form is only utilized when a facility/organization requires a certificate of insurance.)

Named Insured: _____

Club Address: _____

Date of request: _____ Date certificate needed by: _____

Name of person completing form: _____

Phone: (_____) _____ Fax: (_____) _____

Coverage Needed: General Liability Excess/Umbrella

If this is a request for an EVENT please complete this section, if not skip to number 5.

1. Name of event: _____

2. Date(s) of event: _____

3. Site or location of the event: _____

4. Is the insured the primary host for the event? Yes No

5. Certificate Holder: _____

6. Certificate Holder address: _____

7. Certificate Holder phone: (_____) _____ fax: (_____) _____

8. Contact Person: _____

9. Does the Certificate Holder require additional insured* status? Yes No

If yes, please specify Additional Insured wording: _____

**Additional insured should only be checked if it is a requirement of the Certificate Holder.*

10. If number 9 has been checked, please outline the role the Additional Insured is playing in the activity (i.e. landowner, municipality, corporate sponsor, etc.): _____

11. Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification or Hold Harmless language? Yes No (If yes, please forward a copy of document with this request.)
Questions concerning any of these can be directed to Trish Beyer at (719) 570-1245 or via email at trish@bbatlanta.com

12. Original certificate should be sent to: Certificate Holder Named Insured Broker

Please forward completed request to:

United States Judo Federation
P.O. Box 338
Ontario, OR 97914-0338
Phone: (541) 889-8753 Fax: (541) 889-5836 or (413) 502-4983
E-Mail: no@usjf.com

