



# UNITED STATES JUDO FEDERATION REQUEST FOR CERTIFICATE OF INSURANCE

Named Insured: \_\_\_\_\_

Club Address: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date certificate needed by: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Coverage Needed:  General Liability  Excess/Umbrella

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**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 event: \_\_\_\_\_

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

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5. Certificate Holder: \_\_\_\_\_

6. Certificate Holder address: \_\_\_\_\_  
\_\_\_\_\_

7. Certificate Holder Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

8. Contact Person: \_\_\_\_\_

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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 Ameer Bell at (678)324-3321 or via email at [abell@esixglobal.com](mailto:abell@esixglobal.com).**

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

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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)502-4983-8835  
E-mail: [no@usjf.com](mailto:no@usjf.com)**