

UNITED STATES JUDO FEDERATION

REQUEST FOR CERTIFICATE OF INSURANCE

Mailing Address: PO Box 338 Ontario, OR 97914-0338 **Telephone:** (541) 889-8753

FAX: (541) 889-5836

Internet: www.usjf.com no@usjf.com

med Insured:
ub Address:
te of request:Date certificate needed by:
me of person completing form:
one:FaxE-Mail Address
overage Needed: General Liability Excess/Umbrella
this is a request for an EVENT please complete this section, if not skip to number 5.
Name of event:
Date(s) of event:
Site or location of event:
Is the insured the primary host for the event? \square Yes \square No
Certificate Holder:
Certificate Holder address:
Certificate Holder Phone:Fax:E-Mail Address
Contact Person:
Does the Certificate Holder require additional insured* status? ☐ Yes ☐ No If yes, please specify Additional Insured wording:
dditional insured should <u>only</u> be checked if it is a requirement of the Certificate Holder.
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.):
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 Cam Walter or via email at cameron.walter@epicbrokers.com.
. Original certificate should be sent to:

Please forward completed request to: United States Judo Federation • PO Box 338 • Ontario, OR 97914-0338

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