

CERTIFICATE OF INSURANCE REQUEST

ALL REQUESTS BY CLUBS MUST EMAILED TO INFO@HOAVB.ORG

REGION: HEART OF AMERICA REGION VOLLEYBALL NEED BY DATE: _____

CLUB NAME: _____

ADDRESS: _____

CLUB DIRECTOR NAME _____

PHONE #: (____) _____

E-MAIL: _____

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE? ____ YES ____ NO

IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

CLUB DIRECTOR SIGNATURE: _____ DATE: _____

(PLEASE MAKE SURE YOU FILL OUT THE CERTIFICATE HOLDER SECTION BELOW, FOR EACH FACILITY
THAT IS REQUIRING A CERTIFICATE OF INSURANCE)

1. CERTIFICATE HOLDER (FACILITY)

FACILITY NAME: _____

FACILITY CONTACT: _____

ADDRESS: _____

PHONE #: (____) _____

E-MAIL: _____

IF AN EMAIL ADDRESS IS PROVIDED FOR THE FACILITY CONTACT, WE WILL DIRECTLY EMAIL
THE CERTIFICATE OF INSURANCE TO THE FACILITY AND THE CLUB DIRECTOR.

2. CERTIFICATE HOLDER (FACILITY)

FACILITY NAME: _____

FACILITY CONTACT: _____

ADDRESS: _____

PHONE #: (____) _____

E-MAIL: _____

IF AN EMAIL ADDRESS IS PROVIDED FOR THE FACILITY CONTACT, WE WILL DIRECTLY EMAIL THE CERTIFICATE OF INSURANCE TO THE FACILITY AND THE CLUB DIRECTOR.

3. CERTIFICATE HOLDER (FACILITY)

FACILITY NAME: _____

FACILITY CONTACT: _____

ADDRESS: _____

PHONE #: (____) _____

E-MAIL: _____

IF AN EMAIL ADDRESS IS PROVIDED FOR THE FACILITY CONTACT, WE WILL DIRECTLY EMAIL THE CERTIFICATE OF INSURANCE TO THE FACILITY AND THE CLUB DIRECTOR.

4. CERTIFICATE HOLDER (FACILITY)

FACILITY NAME: _____

FACILITY CONTACT: _____

ADDRESS: _____

PHONE #: (____) _____

E-MAIL: _____

IF AN EMAIL ADDRESS IS PROVIDED FOR THE FACILITY CONTACT, WE WILL DIRECTLY EMAIL THE CERTIFICATE OF INSURANCE TO THE FACILITY AND THE CLUB DIRECTOR.