



EFFECTIVE: JANUARY 1, 2017 – DECEMBER 31, 2017

CALIFORNIA YOUTH SOCCER ASSOCIATION, INC. REQUEST FOR CERTIFICATE OF LIABILITY INSURANCE



PHONE: 925.426.KIDS

WEB SITE: WWW.CALNORTH.ORG

INSTRUCTIONS

1. Requests are acknowledged only from California Youth Soccer Assn. Inc. affiliated Leagues.
2. A separate form **MUST** be completed for each Named Certificate of Liability Insurance request.
3. All requests **MUST** be submitted and signed by your **DISTRICT COMMISSIONER** before the Cal North State Office will process your request.
4. Appropriate fee(s) **MUST** accompany all requests that are submitted. (Cash, Check or Visa/MasterCard will be accepted)
 - a. \$10.00 per certificate if request are made within six (6) business days.
 - b. \$20.00 per certificate if the request is made **less** than five (5) business days.
5. General Endorsement(s) with the Insurance Certificate **MUST** include a copy from last year, or attach the special instructions to this request.
6. Certificates will be forwarded to the League address that is provided on this form or you may provide a maximum of 2 email addresses and a pdf copy of the certificate will be emailed.
7. A COPY OF THE CERTIFICATE WILL BE MAILED **DIRECTLY TO THE NAMED INSURED ONLY** IF YOU HAVE INCLUDED A SELF ADDRESSED AND STAMPED ENVELOPE.
8. Once Cal North receives the approved Insurance Certificate request the process could take up to seven (7) business days.

Requesting League: _____ District: _____ League: _____

League Officer: _____ Position: _____

League Address: _____

City: _____ State: _____ Zip: _____

Email (maximum of 2): _____

LEAGUE REQUEST CERTIFICATE FOR: (Check all that apply)

League Game Practice Tournament Fundraiser League Meeting

Other: _____

Will you need the Insurance Certificate for a one (1) time Event? Yes No If Yes, please provide the date of the

Event: _____ Time: _____

Signature of League Officer: _____ Date: _____

District Commissioner Approval: _____ Date: _____

NAME OF FACILITY TO BE PUT ON INSURANCE CERTIFICATE
 Will you need an endorsement for the certificate? Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Visa MasterCard: _____ Exp. Date: _____ Phone: _____

Security Pin (3) digits on back of card: _____ Billing Address: _____ Zip: _____

Name on Card: _____ Signature: _____