



EFFECTIVE: JANUARY 1, 2020 – DECEMBER 31, 2020

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



PHONE: 925.426.KIDS

WEB SITE: [WWW.CALNORTH.ORG](http://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: \_\_\_\_\_