



**UNITED STATES JUDO
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

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

5. Certificate Holder: _____

6. Certificate Holder address: _____

7. Certificate Holder Phone: (____) _____ Fax: (____) _____ E-Mail Address _____

8. Contact Person: _____

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.)

Please forward completed request to:

**United States Judo, Inc.
1 Olympic Plaza
Colorado Springs, CO 80909
Phone: (719) 866-4730 Fax: (719) 866-4733
E-mail: usajudo@usajudo.us**