



# 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.**  
**Attn: Corinne Shigemoto**  
**1 Olympic Plaza**  
**Colorado Springs, CO 80909**  
**Phone: (719) 866-4730 Fax: (719) 866-4733**  
**E-mail: Corinne.shigemoto@usajudo.us**