

2009 – 2010 USA HOCKEY REQUEST FOR CERTIFICATE OF INSURANCE ATLANTIC DISTRICT

*Please allow 30 days for processing Request for Certificate of Insurance
Request must be submitted by authorized team or club*

Name of Team / Club: _____

Address of Team / Club: _____

Contact Person:
*Person from Team or Club
requesting certificate*

Contact Phone & Email

Certificates will be emailed to email address provided

-
 -
 Ext.
 email

Include Area Code and Extension Additional email contacts may be added at bottom

**Event: (Must be a USA Hockey
Sanctioned Event)**
*If unsure of sanctioning contact your
District Risk Manager*

Event Location(s): _____

*Rink or Building being
used for this event*

Event Date

From: _____ To: _____

Dates must be within current GL Policy from May 1, 2009 to April 30, 2010

List any "additional insured's" *(Those entities that you are contractually obligated to name as an additional insured)*

PLEASE NOTE

*Copy of Rink Contract
Required
for Rink to be Named as
Additional Insured*

Name of Additional Insured	Relationship To Team / Club
_____	_____
_____	_____
_____	_____
_____	_____

Mail Certificate To:
*If required list Certificate
Holder and address here*

Signature of
District Risk Manager:

Request must be sent to District Risk Manager – Sending directly to K&K will delay issuing of Certificate of Insurance

**NO OTHER INDIVIDUAL CAN SIGN ON BEHALF OF THE
DISTRICT RISK MANAGER**

Mail, Fax, or Email This
Form To The
Atlantic District
Risk Manager

Kenneth Haas 168 Sunset View Drive Doylestown, PA 18901-2760	Phone (215) 230-8239 (Home) Fax (215) 230-3707 khaas77@comcast.net
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