



Old Dominion Region Certificate of Insurance Request Practices



**ALL REQUESTS BY CLUBS MUST BE MAILED TO THE REGION COMMISSIONER
accompanied with a \$25 processing fee (made payable to USAV Old Dominion Region)**

PO Box 6828
Richmond, VA 23230

CLUB NAME: _____ NEED BY DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE? _____ YES _____ NO

(If yes, club will receive a certificate as proof of insurance via email)

SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB CERTIFICATE HOLDER

CERTIFICATE HOLDER:

(1) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(2) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(3) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practie

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(4) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(5) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(6) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(7) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

ADDITIONAL CERTIFICATE HOLDERS

(8) NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME: _____ PHONE NUMBER: () _____

E-MAIL: _____ FAX NUMBER: () _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(Only check box for excess liability if certificate holder requires more than \$1,000,000 of coverage)

Reason for certificate: Building Owner Sponsor Practice

Other - Describe _____

Special Instructions: _____

OLD DOMINION REGION COMMISSIONER: _____ DATE: _____