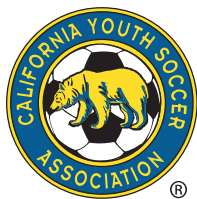


EFFECTIVE: SEPTEMBER 1, 2009 – AUGUST 31, 2010



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



PHONE: 925.426.KIDS

WEB SITE: WWW.CYSANORTH.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 CYSA 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**.
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 CYSA 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: _____ |
| <u>LEAGUE REQUEST CERTIFICATE FOR: (Check all that apply)</u> | | |
| <input type="checkbox"/> League Game | <input type="checkbox"/> Practice | <input type="checkbox"/> Tournament |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> League Meeting | |
| <input type="checkbox"/> Other: _____ | | |
| Will you need the Insurance Certificate for a one (1) time Event? <input type="checkbox"/> Yes <input type="checkbox"/> 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

| | | |
|----------------|--------------|------------|
| Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |

| | | |
|--|------------------------|--------------|
| Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard: _____ | Exp. Date: _____ | Phone: _____ |
| Security Pin (3) digits on back of card: _____ | Billing Address: _____ | Zip: _____ |
| Name on Card: _____ | Signature: _____ | |