



Insurance Certificate Request Form

(Northern Illinois Soccer League Members)



Complete this Certificate of Insurance for your club, or the facility you are utilizing.
When completed, email to hdseaglesacademy@gmail.com.

Please indicate date needed: _____ (allow 3+ days for processing.)

Club requesting certificate: _____

Club ID #: _____

Club Street Address: _____

City, State & Zip: _____

Contact Person: _____

Phone: _____

Email (please include): _____

Tournament Name (if insurance for this purpose): _____

Tournament Dates: _____

Certificate Type Required: Youth Program Certificate Adult Program Certificate

Which of the following types of certificates are you requesting? (place X in the appropriate box)

Named Insured - members of US Club Soccer (carded players and staff). This certificate lists the club as a named insured in its description of operations and as Certificate Holder.

Additional Insured - not members of US Club Soccer. These are typically the field/facility owners, and are listed along with the club on the certificate. *If this coverage is for other than field/facility owners, please specify **why** you are requesting this certificate.*

Facility Details Required: Outdoor Facility Indoor Facility

If you are requesting a certificate for Additional Insured, please provide the following information.

Field Owner's Legal Name: _____

Field Owner's Address: _____

Field Owner's City/State/Zip: _____

Field Owner's Phone: _____

Endorsement Needed – *If an endorsement is needed please specify what you are requesting.*

