



EFFECTIVE FOR THE ANNUAL CALENDAR YEAR ONLY

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

PHONE: 925.426.KIDS

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 Cal North 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 or you may provide a maximum of 2 email addresses and a pdf copy of the certificate will be emailed.
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 Cal North 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: _____
Email (maximum of 2): _____		
LEAGUE REQUEST CERTIFICATE FOR: (Check all that apply)		
<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
Will you need an endorsement for the certificate? Yes No

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: _____	