

# USAH CERTIFICATE OF INSURANCE REQUEST FORM

New York District  
2018 - 2019  
Season



NOTE: Requests cannot be taken by phone: written requests must be submitted by USAH Member Program authorized requester

## REQUESTING ORGANIZATION INFORMATION

NAMED INSURED: USA HOCKEY INC.

ORGANIZATION NAME: \_\_\_\_\_ ASSOCIATION CODE NYH # \_\_\_\_\_

DATE OF EVENT/ACTIVITIES: \_\_\_\_\_ TO: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ DATE: \_\_\_\_\_

## ORGANIZATION CONTACT INFORMATION

CERTIFICATE OF INSURANCE SHOULD BE SENT TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX CERTIFICATE TO: \_\_\_\_\_

EMAIL CERTIFICATE TO: \_\_\_\_\_

ATTENTION OF: \_\_\_\_\_



## ADDITIONAL INSURED (List below any entity that you are asked to name as additional insured)

## ADDITIONAL INSURED RELATIONSHIP

What is the ADDITIONAL INSURED'S relationship to the insured (Check all that apply)

\_\_\_\_\_ OWNER, MANAGER OR LESSOR OF PREMISES

\_\_\_\_\_ SPONSOR

\_\_\_\_\_ OTHER - SPECIFY \_\_\_\_\_

## SEND ALL CERTIFICATE REQUESTS

USA HOCKEY ASSOCIATE RISK MANAGER FOR NY

GARY JOSEPH

5800 Main Street

Williamsville, NY 14221

PHONE: 716.983.0340 (Cell) 716.626.5200 x15 (Office)

FAX: 716.626.1515

EMAIL: gjoseph847@gmail.com



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\_\_\_\_\_  
SIGNATURE OF GARY JOSEPH

REV 7/13/17