

**UNITED STATES JUDO ASSOCIATION  
 CERTIFICATE OF INSURANCE REQUEST FORM  
 FOR A REGISTERED AND CHARTERED CLUB**

Please allow 30 days to process this application.

Send completed form to: USJA National Office                      Date: \_\_\_\_\_  
 PO Box 1880  
 Tarpon Springs, FL 34688  
 Toll Free: 877-411-3409  
 Fax: 888-276-3432

Please issue a Certificate of Insurance for the following club:

CLUB NAME: \_\_\_\_\_ USJA CLUB #: \_\_\_\_\_

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

CLUB DIRECTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Website: \_\_\_\_\_

LOCATION OF CLUB TRAINING SITE(S): \_\_\_\_\_  
 (Please do **not** use PO Box numbers.) \_\_\_\_\_  
 \_\_\_\_\_

ADDITIONAL INSURED:  
 (This information indicates the Certificate  
 Holder, i.e., Landlord, School, YMCA)  
**This must be filled in, including address  
 in order to obtain a Certificate**

RELATIONSHIP TO CLUB:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MAIL CERTIFICATE OF INSURANCE TO:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 FAX #: \_\_\_\_\_

<b>This section for USJA National Office only.</b>	
Postmark Date _____	Club Registered for 2014-2015: [ ] Yes [ ] No
Date Received _____	
Date Sent to Insurer _____	
Via: [ ] Mail [ ] Fax [ ] Email	USJA Certification _____