

**UNITED STATES JUDO ASSOCIATION
CERTIFICATE OF INSURANCE REQUEST FORM
FOR A SANCTIONED EVENT**

Request must be postmarked at least 30 days in advance of an event in order that the Certificate of Insurance may be processed and returned prior to the event. This request form is valid for event dates between September 1, 2014 and August 31, 2015

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 as proof of USJA Insurance for the following USJA Sanctioned Event:

EVENT NAME: _____

ADDRESS OF SITE OF EVENT:

DATE(S) OF THIS EVENT: _____

EVENT DIRECTOR: _____ PHONE #: _____

Email: _____

Event Director's Address: _____

ADDITIONAL INSURED:

(This information indicates the Certificate Holder, i.e., Landlord, School, YMCA)

Must be filled in including address to obtain Certificate

RELATIONSHIP TO EVENT:

MAIL CERTIFICATE OF INSURANCE TO:

PHONE #: _____

FAX #: _____

This section for USJA National Office only.

Postmark Date _____	Event Number _____
Date Received _____	[] Sanctioned
Date Sent to Insurer _____	[] Unsanctioned
Via: [] Mail [] Fax [] Email	USJA Certification _____