



**USASA
CERTIFICATE OF LIABILITY INSURANCE REQUEST**

ASSOCIATION: _____

OFFICER APPROVAL: _____

LEAGUE: _____

ADDRESS: _____

TELEPHONE/FAX: _____

EMAIL ADDRESS: _____

ATTENTION: _____

TEAM: _____

TEAM MANAGER: _____

ADDRESS: _____

TELEPHONE/FAX: _____

EMAIL ADDRESS: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

TELEPHONE/FAX: _____

ATTENTION: _____

FACILITY'S NAME: _____

ADDRESS: _____

**Completed forms should be emailed to your State, National or Regional
Association Office for issuance**