

2006-2007 PROOF OF LIABILITY INSURANCE REQUEST FORM

In the event the owners or operators of game and practice facilities require proof of liability insurance before allowing member organizations to use those facilities, please complete this form and return it to:

**EPYSA 2 VILLAGE ROAD, SUITE # 3, HORSHAM, PA 19044
FAX: 215-657-7740 E-MAIL: kateobie@epysa.org**

CERTIFICATE(S) WILL NOT BE ISSUED WITHOUT A WRITTEN REQUEST.

REQUESTED BY: (**Member Organization (R/G 1 on file)**, Association, League, or Club). Complete Certificates will be forwarded to the individual listed below who should be the same person for each request. It is that person's responsibility to make sure the property owner receives the certificate.

If you are requesting a certificate for a commercial facility EPYSA will only issue if the Commercial Facility is a sanctioned facility. (Permission to Host on file). If you are requesting a certificate for a University, please complete the following questions:

Reason for request: Practices, League Games, Friendly Game before College Game, etc.

Give Details, including date(s) of event: _____

Tournament (if tournament-give Tournament name and state), if other.

Give Details: _____

Please check all that apply for use: Indoor Gym: **Outdoor Field:**

Date(s): Tournament/Game/Training will be held: _____

ORGANIZATION: _____ **TITLE:** _____

BOD MEMBER REQUESTING CERTIFICATE (you must be listed on the RG1::

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: (____) _____ **WORK PHONE:** (____) _____ **FAX:** (____) _____

E-MAIL: _____

CERTIFICATE HOLDER (Property Owner, City, County, Parks/Recreation Department, and Township, or University- if for one time use only, please give date(s) and reason for use). **Certificate will not be done if address is not complete.**

NAME OF CERTIFICATE HOLDER: _____

NAME OF FIELD/SCHOOL TO BE INSURED: _____

ADDRESS OF PROPERTY: _____

CITY/STATE/ZIP: _____

(OFFICE USE ONLY)

Date Request Received: _____

Certificate sent: _____