



UNITED STATES JUDO FEDERATION

REQUEST FOR CERTIFICATE OF INSURANCE

Mailing Address:

PO Box 338
Ontario, OR 97914-0338

Telephone:

(541) 889-8753

FAX:

(541) 889-5836

Internet:

www.usjf.com
no@usjf.com

Named Insured: _____

Club Address: _____

Date of request: _____ Date certificate needed by: _____

Name of person completing form: _____

Phone: _____ Fax _____ E-Mail Address _____

Coverage Needed: General Liability Excess/Umbrella

If this is a request for an EVENT please complete this section, if not skip to number 5.

1. Name of event: _____

2. Date(s) of event: _____

3. Site or location of event: _____

4. Is the insured the primary host for the event? Yes No

5. Certificate Holder: _____

6. Certificate Holder address: _____

7. Certificate Holder Phone: _____ Fax: _____ E-Mail Address _____

8. Contact Person: _____

9. Does the Certificate Holder require additional insured* status? Yes No

If yes, please specify Additional Insured wording:

**Additional insured should only be checked if it is a requirement of the Certificate Holder.*

10. If number 9 has been checked, please outline the role the Additional Insured is playing in the activity (i.e. landowner, municipality, corporate sponsor, etc.):

11. Have you entered into any agreement, contract or permit that contains Assumption of Liability, Indemnification or Hold Harmless language? Yes No (If yes, please forward a copy of document with this request.)

Questions concerning any of these can be directed to Anna Sokolove at (678) 324-3327 or via email at Anna.Sokolove@epicbrokers.com.

12. Original certificate should be sent to: Certificate Holder Named Insured Broker

Please forward completed request to: United States Judo Federation • PO Box 338 • Ontario, OR 97914-0338
Phone: (541) 889-8753 • FAX: (541) 889-5836 • E-mail: no@usjf.com