2005-06

CERTIFICATE OF INSURANCE REQUEST

SEND ALL CERTIFICATE REQUESTS TO: USA HOCKEY
Anthony P. Ciavaglia
5813 Main Street, Williamsville, NY 14221
Phone: 716-634-5172
FAX: 716-633-7950

NOTE: Requests cannot be taken by phone; written requests must e submitted by authorized requestor.

*******ALLOW 30 DAYS FOR PROCESSING*******

Please issue Certificate of Insurance for the following:

NAMED INSURED: USA HOCKEY

CLUB NAME: _____

EVENT/ACTIVITY DATES: _____ TO _____

LOCATION OF EVENT OR ACTIVITIES: _____

_____

List below any entity that you are CONTRACTUALLY OBLIGATED to name as ADDITIONAL INSURED:

_____

_____

_____

_____

_____

_____

WHAT IS THE ADDITIONAL INSURED'S RELATIONSHIP TO THE INSURED:

_____OWNER, MANAGER OR LESSOR OF PREMISES

_____SPONSOR

_____OTHER, SPECIFY _____

_____

CERTIFICATE OF INSURANCE SHOULD BE MAILED TO: _____

_____

_____

TELEPHONE NUMBER: ( ) -

FAX CERTIFICATE TO: ( ) -

ATTENTION OF: _____

SIGNATURE OF ANTHONY P. CIAVAGLIA: _____

DATE CERTIFICATE IS NEEDED BY: _____/_____/_____