

**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, 2007 and August 31, 2008)**

Send completed form to: USJA National Office      Date: \_\_\_\_\_  
21 North Union Blvd.  
Suite 200  
Colorado Springs, CO 80909

Please issue a Certificate of Insurance as proof of USJA Insurance for the following USJA Sanctioned Event:

EVENT NAME: \_\_\_\_\_

SITE OF EVENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF THIS EVENT: \_\_\_\_\_

EVENT DIRECTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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

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 \_\_\_\_\_