

**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, 2009 and August 31, 2010**

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 #: \_\_\_\_\_

<b>This section for USJA National Office only.</b>	
Postmark Date _____	Event Number _____
Date Received _____	<input type="checkbox"/> Sanctioned
Date Sent to Insurer _____	<input type="checkbox"/> Unsanctioned
Via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	USJA Certification _____