

**UNITED STATES JUDO ASSOCIATION
CERTIFICATE OF INSURANCE REQUEST FORM
FOR A REGISTERED AND CHARTERED CLUB**

Please allow 30 days to process this application.

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

Date: _____

Please issue a Certificate of Insurance for the following club:

CLUB NAME: _____ USJA CLUB #: _____

MAILING ADDRESS: _____

CLUB DIRECTOR: _____ PHONE #: _____

EMAIL: _____ Website: _____

LOCATION OF CLUB TRAINING SITE(S): _____
(Please do **not** use PO Box numbers.) _____

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

RELATIONSHIP TO CLUB:

MAIL CERTIFICATE OF INSURANCE TO:

_____ PHONE #: _____
FAX #: _____

This section for USJA National Office only.

| | |
|---------------------------------|---|
| Postmark Date _____ | Club Registered for 2009-2010: [] Yes [] No |
| Date Received _____ | |
| Date Sent to Insurer _____ | |
| Via: [] Mail [] Fax [] Email | USJA Certification _____ |