# 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  
PO Box 1880  
Tarpon Springs, FL 34688  
Toll Free: 877-411-3409  
Fax: 888-276-3432

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)

*This must be filled in, including address in order to obtain a Certificate*

**RELATIONSHIP TO CLUB:** __________________________

**MAIL CERTIFICATE OF INSURANCE TO:**

**Email:** __________________________  **PHONE #:** __________________________

**FAX #:** __________________________

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<thead>
<tr>
<th>Postmark Date</th>
<th>Club Registered for 2014-2015: [ ] Yes [ ] No</th>
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<tbody>
<tr>
<td>Date Received</td>
<td>Club Registered for 2014-2015: [ ] Yes [ ] No</td>
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<tr>
<td>Date Sent to Insurer</td>
<td>Club Registered for 2014-2015: [ ] Yes [ ] No</td>
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**Via:** [ ] Mail [ ] Fax [ ] Email

**USJA Certification** __________________________