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, 2014
and August 31, 2015

Send completed form to: USJA National Office Date: ________________
PO Box 1880
Tarpon Springs, FL 34688
Toll Free: 877-411-3409
Fax: 888-276-3432

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

EVENT NAME: ____________________________________________________

ADDRESS OF SITE OF EVENT:
______________________________________________________________
______________________________________________________________

DATE(S) OF THIS EVENT: ________________________________________

EVENT DIRECTOR: __________________________ PHONE #: __________
Email: __________________________________________________________
Event Director’s Address: __________________________________________

ADDITIONAL INSURED:
(This information indicates the Certificate
Holder, i.e., Landlord, School, YMCA)
Must be filled in including address to obtain Certificate

RELATIONSHIP TO EVENT:
______________________________________________________________
______________________________________________________________

MAIL CERTIFICATE OF INSURANCE TO:
______________________________________________________________
______________________________________________________________

PHONE #: ____________
FAX #: ________________

This section for USJA National Office only.

Postmark Date ________________
Date Received ________________
Date Sent to Insurer ________________
Via: [ ] Mail  [ ] Fax  [ ] Email

USJA Certification __________________________
[ ] Sanctioned
[ ] Unsanctioned