UNITED STATES JUDO ASSOCIATION CERTIFICATE OF INSURANCE REQUEST FORM FOR A SANCTIONED EVENT

Request must be postmarked <u>at least 30 days in advance</u> of an event in order that the Certificate of Insurance may be processed and returned prior to the event.

	USJA National Office 2059 Merrick Rd #313 Merrick, NY 11566 11 FL: (727) 937-7120 CA: (Fax: (844) 892-6608		
Please issue a Certificate of Insu Sanctioned Event:	` '	ace for the following USJA	
EVENT NAME:			
ADDRESS OF SITE OF EVENT:			
DATE(S) OF THIS EVENT:			
VENT DIRECTOR:PHONE #:			
Event Director's Address:			
ADDITIONAL INSURED: (This information indicates the Holder, i.e., Landlord, School, Y Must be filled in including add	MCA) ress to obtain Certificate	RELATIONSHIP TO EVENT:	
MAIL CERTIFICATE OF IN		PHONE #: FAX #:	
This s	ection for USJA National Offi	ce only.	
Postmark Date	Event N	Event Number	
Date Received		[] Sanctioned	
Date Sent to Insurer		[] Unsanctioned	
Via: [] Mail	nail USIA Ce	USIA Certification	