

**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.**

Send completed form to: USJA National Office Date: _____
2059 Merrick Rd #313
Merrick, NY 11566
NY: (516) 366-3311 FL: (727) 937-7120 CA: (213) 260-9200
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 _____	Event Number _____
Date Received _____	[] Sanctioned
Date Sent to Insurer _____	[] Unsanctioned
Via: [] Mail [] Fax [] Email	USJA Certification _____