# 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
2059 Merrick Road, #313,
Merrick, NY 11566
FAX: 888-276-3432

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

_____
_____
_____

RELATIONSHIP TO CLUB:

_____
_____
_____

MAIL CERTIFICATE OF INSURANCE TO:

_____
_____
_____

Email: _____
PHONE #: _____
FAX #: _____

| **This section for USJA National Office only.** | |
|---|---|
| Postmark Date _____ | Club Registered for 2017-2018: ☐ Yes ☐ No |
| Date Received _____ | |
| Date Sent to Insurer _____ | |
| Via: ☐ Mail ☐ Fax ☐ Email | USJA Certification _____ |

2059 Merrick Road, #313, Merrick, NY 11566
Phone numbers: 516-366-3311, 727-937-7128 , 213-260-9200
Fax number: 888-276-3432