



**Proof of Liability Insurance
Request Form**



ALL POLICs MAY BE EMAILED TO THE REGION OFFICE

Johnvbref@bellsouth.net

REGION: Bayou Regional Volleyball Association NEED BY DATE: _____

CLUB NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: Primary: _____ Other: _____

EMAIL ADDRESS: _____

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE? Yes No

(IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

PREFERRED METHOD OF CERTIFICATE DELIVERY:

FAX #: _____ E-MAIL: _____

AUTHORIZED RVA SIGNATURE: _____ Date: _____

Regional Commissioner's signature only

Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of facilities (name & address) to be used for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB CERTIFICATE HOLDER

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: Yes No

_____ Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY
(ONLY CHECK BOX FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

Reason for certificate: Building Owner Sponsor Tournament League

Other - Describe: _____

Special Instructions: _____

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: Yes No

_____ Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY
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Reason for certificate: Building Owner Sponsor Tournament League

Other - Describe: _____

Special Instructions: _____

All participants must be USAVolleyball members for the Liability Insurance coverage. Activities (where all participants are USAV members) include but is not limited to tournaments, practice, club/team meetings, VB training clinics and other club activities.