



Insurance Certificate Request Form Tournament Golf Cart Coverage

In order to obtain a Certificate of Liability insurance for the facility you are using in your clubs name complete the following information and email to insurance@njyouthsoccer.com or fax to (609)490-0731. Please allow 3 business days for processing.

Club Information:

Club Requesting Certificate: _____

Club ID #: _____

Club Street Address: _____

City, Street & Zip: _____

Contact Person: _____

Phone: _____

Email (required): _____

If Applicable Tournament Name (if insurance is for this purpose): _____

Reminder: Certificates of Liability Insurance are issued on behalf of member clubs and leagues to facility and field owners who need proof of coverage. Indoor facilities may obtain CIL by becoming an NJYS sanctioned indoor facility.

Additional Insured Information:

Rental Company Legal Name: _____

Rental Company Address: _____

Rental Company City/ State/Zip: _____

Rental Company Phone: _____

Name of Tournament _____

Payment Information

Credit Card Number: _____ Expiration Date _____

Name on Card: _____

Address associated with card: _____

Phone number and email address: _____

NJYS Office: 569 Abbington Dr. East Windsor, NJ 08520 (609)490-0725 Fax: (609)490-0731