



Insurance Certificate Request Form

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:

Field Owner's Legal Name: _____

Field Owner's Address: _____

Field Owner's City/ State/Zip: _____

Field Owner's Phone: _____

Field Address (if different then above) _____

Endorsement Needed (A request from the additional insured or property owner for a CG 2026 form)

