

**CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.**  
**REQUEST FOR NAMED CERTIFICATE OF LIABILITY INSURANCE**

EFFECTIVE: **SEPTEMBER 1, 2000 THROUGH AUGUST 31, 2001**

**COVERAGE: \$2,000,000 LIABILITY**

**PLEASE TYPE OR PRINT**

REQUESTING LEAGUE: _____	DISTRICT # _____	LEAGUE# _____
LEAGUE OFFICER: _____	POSITION: _____	
LEAGUE ADDRESS: _____		
REASON: _____		
SIGNATURE OF OFFICER: _____	DATE: _____	
APPROVED: _____	DATE: _____	
<b>DISTRICT COMMISSIONER</b>		

**COST FOR NAMED CERTIFICATE OF LIABILITY INSURANCE IS**

**\$5.00 PER CERTIFICATE**

**NAME OF ORGANIZATION TO BE PUT ON CERTIFICATE**

NAME: _____
ADDRESS: _____
_____

**PLEASE NOTE**

1. Requests are acknowledged only from affiliated leagues.
2. **A separate form** must be completed for each Named Certificate of Liability Insurance requested.
3. All requests must be submitted through your **DISTRICT COMMISSIONER**.
4. A League Check for Appropriate Fee(S) Must Accompany All Requests.
5. Certificates will be forwarded to the **address of the requesting league only**.
6. A COPY OF THE CERTIFICATE WILL BE MAILED **DIRECTLY TO THE NAMED INSURED ONLY** IF YOU HAVE INCLUDED AN **ADDRESSED AND STAMPED ENVELOPE**.