

USASA
CERTIFICATE OF INSURANCE REQUEST

All information must be filled in completely before a certificate can be issued
All forms will be emailed in pdf file unless otherwise specified

STATE ASSOCIATION: Florida State Soccer Association

LEAGUE CONTACT: _____

LEAGUE ADDRESS: _____

TELEPHONE/FAX: _____

EMAIL ADDRESS: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

FACILITY'S NAME: _____

ADDITIONAL INSURED: _____