

## INSURANCE CERTIFICATE REQUEST

Please provide the following information and submit it with your tournament contract and fees.

Please forward it to **Rick Bowlby 1121 Decatur Street Foster City, CA 94403-3607** as soon as possible, so that your insurance certificate(s) can be issued in time to cover your event. **You will need to fill out this request form for each tournament.**

Tournament Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Tournament Dates: \_\_\_\_\_ Location (City): \_\_\_\_\_

Address Field #1: \_\_\_\_\_ Field #2: \_\_\_\_\_

Field #3: \_\_\_\_\_ Field #4: \_\_\_\_\_

Field #5: \_\_\_\_\_ Field #6: \_\_\_\_\_

Field #7: \_\_\_\_\_ Field #8: \_\_\_\_\_

### **Names of Entities to be Additionally Insured (include name of contact, phone and email):**

Additional Insured: Northern California Senior Softball Association, c/o Rick Bowlby,  
Treasurer (Address) 1121 Decatur Street Foster City, CA 94403-3607

Phone: 650-678-9329 email: **ncssa.club@gmail.com**

Additional Insured #2: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

List any special events other than softball games (circle one): Yes No

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