

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 94404-3607** 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 **94404-3607**

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
