



**2007-2008 USA HOCKEY
CERTIFICATE OF INSURANCE
APPLICATION**

MASSACHUSETTS PROGRAMS/CLUBS/TEAMS

Please Fill Out The Following Form For Proof Of Liability Insurance

Policy Period: August 31, 2007- 2008

Name of Club: _____

Club Address: _____

Contact Person, & Phone Number: (____) _____

Location(s): _____

Name of Activity: _____

Dates of Activity: From: _____ To: _____

***ADDITIONAL INSURED: THOSE ORGANIZATIONS THAT YOUR CONTRACT REQUIRES YOU TO NAME AS AN ADDITIONAL INSURED: (Give Legal Name and Relationship - Owner, Leaser, etc.)**

SEND CERTIFICATE TO: _____

FAX (if time is short): _____

APPROVAL- MASSACHUSETTS HOCKEY RISK MANAGER: _____

***ENCLOSE COPY OF CONTRACT IF ADDITIONAL INSUREDS ARE NAMED**

PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING CERTIFICATES

*This application must be mailed to Dave Hoffman for approval.
16 Dean Rd, Wellesley Hills, MA 02481
E-Mail: DaveHoffman@masshockey.com or Fax to (781) 237-3954 (you must phone first)