



**2008-2009 USA HOCKEY
CERTIFICATE OF INSURANCE
APPLICATION**

MASSACHUSETTS PROGRAMS/CLUBS/TEAMS

Please Fill Out The Following Form For Proof Of Liability Insurance

Policy Period: September 1, 2008- 2009

Name of Club: _____

Club Address: _____

Contact Person, & Phone Number _____

Email: _____

Location(s): _____

Name of Activity: _____

Dates of Activity: From: _____ **To:** 9/1/09 _____

***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): _____

EMAIL: _____

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 or

E-Mail: davewhoffman@verizon.net or Fax to (781) 237-3954 (you must phone first)