

**2006/07 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, 2006- 2007

**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, Lessor, etc...)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEND CERTIFICATE TO:** \_\_\_\_\_

**FAX (if time is short):** \_\_\_\_\_

**APPROVAL - MASS. RISK MANAGER:** \_\_\_\_\_

**\*ENCLOSE COPY OF CONTRACT IF ADDITIONAL INSURED ARE NAMED**

**PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING CERTIFICATES**

\*Mail this application to Dave Hoffman for approval.  
16 Dean Rd, Wellesley Hills, MA 02481  
or Fax to (781) 237-3954, but you must phone this number first.