

WFTDA Certificate of Insurance Request Form

To obtain your Certificate of Insurance (COI), please complete ALL information requested and submit to insurance@wftda.com. Allow a minimum of three business days for processing (for requests submitted from December to January, allow up to 30 days for processing).

LEAGUE INFORMATION

League Name:	
--------------	--

LEAGUE MAILING ADDRESS (Business or PO box strongly recommended)

Street Address	
Street 2	
City, ST ZIP	

I have verified the venue is compliant with Risk Management Guidelines (enter initials here)

If your venue has requested a COI listing them as a certificate holder and/or additional insured, you must also provide the following information. Provide **exactly** what the venue specifies as the certificate holder and/or additional insured; this information is usually located in your contract or lease agreement.

CERTIFICATE HOLDER

Name/Entity	
Street Address	
City, ST ZIP	

Did the venue request to be listed as an additional insured? Yes/No

Did the venue request an endorsement? Yes/No

Did the venue request a waiver of subrogation provision? Yes/No

Complete one form for each COI request. Contact insurance@wftda.com if you have any questions. **Note: Emergency Action Plans are due within 30 days of obtaining coverage. If your league hasn't submitted its EAP, it will be requested at the time you submit your COI request.** A template of the EAP can be found in the Risk Management Guidelines, available online.