

MINNESOTA YOUTH SOCCER ASSOCIATION

LIABILITY INSURANCE CERTIFICATE REQUEST FORM

Certificate Requested by:

Name of Affiliate Member, Association, League, Club

Club Code (if applicable)

Name of Person requesting Certificate

Date of Request

Address

City

State

Zip

() _____
Phone Number

Email

() _____
Fax Number

Certificate Holder Information

Property Owner/Holder, City, County, Park/Rec Dept, College/University, School District

Address

City

State

Zip

Name of Contact Person

Contact Email

Contact Title

() _____
Contact Fax Number

Nature of Use by the Organization

Please describe the activities which will take place on or in the Certificate Holders property.

Distribution of Certificates

Please distribute a copy of the certificate to the named **Certificate Holder** via FAX ___ MAIL ___ Email ___

Please distribute a copy of the certificate to the **Certificate Requester** via FAX ___ MAIL ___ Email ___

Check the required distributions and circle the method of transmission.

Submitting the Form

The completed form may be faxed or mailed to the Minnesota Youth Soccer Association State Office at:

Minnesota Youth Soccer Association, 11577 Encore Circle, Minnetonka MN 55343, Fax 952-933-2627

Pullen Insurance Services, Inc.
4255 Bryant-Irvin Road Suite 204
Fort Worth TX 76109

Phone 817-738-6100
Fax 817-738-2993

Received Request	
Transmitted Request	
Received Certificate	