



Connecticut Junior Soccer Association, Inc.

757 West Main Street • P.O. Box 2230 • New Britain, CT 06050
Telephone (860) 224-CJSA • Fax (860) 826-4400 • www.cjsa.org

CERTIFICATE OF INSURANCE REQUEST FORM

NEW CERTIFICATE

All certificate of insurance requests must be in writing and signed by your CJSA Club President.

DISTRICT: SW FOR SEASONAL YEAR: 2002-03

REASON FOR COVERAGE: Training sessions facility

CLUB PRESIDENT: Ben de Ipoly

Print

Ben de Ipoly
Signature

Please issue a certificate of insurance for the following:

CLUB NAME: _____

ADDITIONAL INSURED: _____

CERTHOLDER: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

Send Certificate to:

NAME: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Office Approval: _____ Date: _____
Kathleen A. Zolad



INSURANCE FORM KZ899

