

**2002/03 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, 2002-September 1, 2003

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.