

Proof of Liability Insurance Certificate Request Form

In some cases, the owners or operators of game and practice facilities require proof of insurance before allowing member associations to use their facilities. All requests for proof of insurance certificates must be made on this form. Please allow 4 – 6 weeks after the request is received by MYSA.

All information below must be provided in order to process your request

Member Association Information:

<p>Association requesting this Certificate:</p> <hr/>
<p>Name of person requesting this Certificate: _____</p>
<p>Title within the Association: _____</p>
<p>Address of the person making this request: _____</p> <hr/>

Certificate Holder Information:

(Property Owner, City, County, Park & Rec Dept, schools, etc.)

<p>Name of Certificate Holder: _____ (example: City of Jackson)</p>
<p>Attention: _____</p>
<p>Address of Property to be used: _____ _____ (example: Jackson Soccer Fields, 1 Soccer Lane, Jackson, MS 39206)</p>
<p>Is certificate Holder to be named as additional insured? : Y ___ N ___</p>

Where should the requested Certificate be mailed?:

____ To You, the Association
____ To the Certificate Holder

Return this form to: MYSA, P.O. Box 13066, Jackson, MS 39206 (fax) 601-982-5297