

REQUEST FOR CERTIFICATE OF INSURANCE

All information ***MUST*** be filled in completely before a certificate can be issued. All address information ***MUST*** include street, city, state and zip code.

League Information

League Name:	
Contact:	
Full Address:	
Telephone(s):	
Fax Number(s):	
Email:	

Field Information

Name of Facility	
Full Address:	
Number of Fields:	

Field Contact Information

Organization:	
Contact:	
Full Address:	
Telephone(s):	
Fax Number(s):	
Email:	
Additional Insured:	

Submit to NCASA:

Via Fax

336-856-0204

Via Mail

NCASA
PO Box 29308
Greensboro, NC 27615

Via Email

ncasa@ncsoccer.org

Certificates can typically be turned around within 48 hours of submission to NCASA. Copies of the Certificate are sent to the Field Contact and the League via email, unless otherwise specified.

