

## RCC REQUEST FOR CERTIFICATES OF INSURANCE

Club Name \_\_\_\_\_

Off-campus practice location \_\_\_\_\_ -or- N/A Date(s): \_\_\_\_\_

Address: \_\_\_\_\_

Off-campus competition location \_\_\_\_\_ -or- N/A Date(s): \_\_\_\_\_

Address: \_\_\_\_\_

Requested by club representative: \_\_\_\_\_ Required By Date / Time \_\_\_\_\_

Copy of the reservation operating agreement MUST be submitted with this form. OA attached      YES      NO

**Requested policy coverage information (provided on OA or by venue contact)**

Named Insured and Insured Address to show on Certificate: \_\_\_\_\_

Description: *(i.e. all operations; project name & end date, year / make / model / VIN; location; equipment description, etc. Attach copies of insurance requirements received from cert holder / requestor.)* \_\_\_\_\_

**SPECIFIC REQUIRED COVERAGES:**

**LIMITS/COMMENTS:**

<input type="checkbox"/> General Liability	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Umbrella <i>(provide requested limit)</i>	
<input type="checkbox"/> Automobile Liability <i>(provide description above)</i>	
<input type="checkbox"/> Auto Physical Damage <i>(provide description above)</i>	
<input type="checkbox"/> Equipment <i>(provide description above)</i>	
<input type="checkbox"/> Property/Contents <i>(provide description above)</i>	
<input type="checkbox"/> Other:	

**Additional Terms & Conditions:**

- Additional Insured    ( GL /  Auto /  Other \_\_\_\_\_)
- Loss Payee /  Mortgagee /  Lenders Loss Payee
- Primary/  Non-Contributory
- Waiver of Subrogation ( GL/ Auto/ WC)
- Cancellation:
- Other:

Other Instructions: \_\_\_\_\_

Additional Insured / Loss Payee: \_\_\_\_\_