



USASA
CERTIFICATE OF LIABILITY INSURANCE REQUEST

ASSOCIATION: Ohio Soccer Association - North

OFFICER APPROVAL: _____

LEAGUE: North Coast Soccer League

ADDRESS: _____

TELEPHONE/FAX: _____

EMAIL ADDRESS: _____

ATTENTION: _____

TEAM: _____

TEAM MANAGER: _____

ADDRESS: _____

TELEPHONE/FAX: _____

EMAIL ADDRESS: _____

ATTENTION: _____

FACILITY OWNER: _____

ADDRESS: _____

TELEPHONE/FAX: _____

ATTENTION: _____

FACILITY'S NAME: _____

ADDRESS: _____

Completed forms should be emailed to your State, National or Regional Association Office for issuance