

***INSTRUCTIONS TO REQUEST
CERTIFICATES OF INSURANCE***

If you need an additional insured certificate, you must fill out a Request for Certificate of Insurance Form. We do not take information over the phone. The following outlines the process for filling out the form correctly. Please print or type.

1. Write your league name along with your association's name as it appears on your Certificate and include your address.
2. Enter the date of request along with the date the certificate is needed by.
3. Enter your full name and a phone number where you can be reached. If you would like the certificate faxed to you, please provide your fax number.
4. For coverage needed, check General Liability. If the additional insured requires anything else, check that also.
5. If this request is not for a specific event, skip to section 5-8 on the form.
6. If this request is for a specific event, write in the name of the event, the date(s) of the event, and the site or location of the event. Then check YES or NO for #4.
7. In section 5-9, write in the entity (i.e. person, place, organization) that is requiring the certificate along with the entity's address. If you would like a certificate faxed to that entity, provide their fax number and a contact person to whom the fax would go to.
8. In section 10-11, check YES if the entity (i.e. person, place, organization) is requiring additional insured status, if they are not, check NO. If YES is checked, and the entity requires additional wording (i.e. officers, employees, agents, other), write this information in section 10.
9. For #11, indicate the relationship between Pop Warner and the additional insured (i.e. field owner, facility owner, sponsor, other).
10. When requesting duplicate certificates of insurance please refer to the certificate number. Please see below for location of certificate number.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: A CANCELLATION	
ABC CERTIFICATE HOLDER ANY STREET ANY TOWN, USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

ACORD 25-S (7/97) nokefpw
4360600 ← **7 DIGIT CERTIFICATE NUMBER**

ACORD CORPORATION 1998