

NORTH AMERICAN TOURNAMENT ASSOCIATION

Request For Certificate of Insurance

This form must be completed in its entirety and sent to us. You may save this to your computer, fill it out, save the changes, and then email it as an attachment to EmilDeLuca@Charter.net.

Alternatively, you may print it, fill it out legibly, and fax it to (314) 392-9266.

(If you have a contract or insurance requirements, fax it with this form or scan and attach to the email you send)

ALL SECTIONS MUST BE FULLY COMPLETED. PLEASE PRINT CLEARLY OR TYPE INFORMATION.

Date Requested: _____

Requested by: _____

Phone #: Area Code () _____

Organization Name: _____

Fax #: Area Code () _____

E-mail Address: _____

Certificate Holder (Location or Person Requiring Certificate)

Name: _____

Mailing Address: _____

Key Contact Person: _____

Phone #: Area Code () _____

Fax #: Area Code () _____

Name of Event: _____

Location of Event: _____

Date of Event: _____

Please answer and check item(s):

Does certificate holder require the original? *(Check one)* Yes or No

(If Yes, certificate will be mailed. If No, certificate will be faxed to requester.)

Is this request for a Certificate? *(Check one)* Yes or No

If yes, is the certificate holder *(Check one)* an Additional Insured or Proof of Insurance

List any other parties to be included as an additional insured **: _____

Any questions, please call:

(314) 485-1200

Mailing Address:

**North American Tournament Association
149 Trails West Drive
Chesterfield, MO 63017**

(In most cases, allow 36 hours for processing)