



USA Rugby Certificate of Insurance Request Form

Please complete, fax or email to:
Joyce Grooms
USA Rugby Football Union
3595 Fountain Boulevard M-2
Colorado Springs, CO 80910
Fax: (719) 637-1315
Email: jgrooms@usarugby.org



*Approved By
USA Rugby*

Please Write Legibly

State: _____ **Date Needed By:** _____

Official Club Name: _____

Address: _____
Street Address City State Zip

Contact Name: _____

Phone: (____) _____ **Fax:** (____) _____

Does Your Club Require a Certificate of Insurance?

USA Rugby Authorized Signature: _____

Please attach to this form a list of all scheduled tournaments to be organized and/or sponsored by your club, and a list of facilities (names and addresses) to be used for practices or tournaments by your club.

Certificate Holder:

Name: _____ **Attn:** _____

Address: _____
Street Address City State Zip

Additional insured?
Reason For Certificate: **Field Owner** **Sponsor** **Tournament** **Other**
Other: _____

Special Instructions, Wording or Endorsements:

Certificate Holder:

Name: _____ **Attn:** _____

Address: _____
Street Address City State Zip

Additional insured? **No**
Reason For Certificate: **Field Owner** **Sponsor** **Tournament** **Other**
Other: _____

Special Instructions, Wording or Endorsements:

