

## **FYSA Proof of Insurance Request Form**

Periodically, the owners or operators (schools, parks, etc.) of game and practice facilities require proof of insurance before allowing our member organization (leagues, clubs, teams) to use those facilities. You are covered on facilities that you utilize, but in order to add a facility, you must complete the following form for **EACH facility or body** (i.e. School Boards, Parks, etc.) **NO INSURANCE CERTIFICATE WILL BE ISSUED** without the completion of this form. **The state office DOES NOT issue the certificates.** They are processed by our insurance carrier and distributed by them. **Please be sure to complete the special wording section when needed, (i.e., additional insured's, particular field, etc.)**

**Name of Team:** (Affiliated Club, League, or Member Organization) **Club Code:**

\_\_\_\_\_  
Name of agent or club representative      Phone/Fax      Date of Request

\_\_\_\_\_  
Name of Club, League, or Organization

\_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax Number

**Name of Certificate Holder:** (Property Owner, County, Park, School, etc....)

\_\_\_\_\_  
Name of Certificate Holder

\_\_\_\_\_  
Attention

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

**Additional Insured Needed?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Special Wording /Requirement for**

**Certificate:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill out in entirety:**

1. Is this location listed on your Re-Affiliation Form? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Is this location listed on the Additional Field Declaration Form? Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. What is the purpose of the field/location (i.e. games, practice, fund-raiser, meeting, etc.):  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Is this location for a Tournament?      Yes \_\_\_\_\_ No \_\_\_\_\_  
Tournament Name:  
\_\_\_\_\_  
  
Tournament Dates: \_\_\_\_\_
  
5. If the Certificate is for a School Board, Park & Receptions, City of \_\_, etc., where the field's actual name is not listed above, please list it here, (i.e. City of Auburndale listed above, name of field listed below, Lake Myrtle Sports Complex):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR FYSA STATE OFFICE USE**

**Mail, Fax, or Email the completed form(s) to:**

Florida Youth Soccer Association  
2828 Lake Myrtle Park Road  
Auburndale, FL. 33823  
Fax: 863-268-8221  
Email: [mkapocsi@fysa.com](mailto:mkapocsi@fysa.com)