

POP WARNER LITTLE SCHOLARS, INC.
REQUEST FOR CERTIFICATE OF INSURANCE

(This form is only utilized when a facility/organization requires a certificate of insurance)

League: _____ Association: _____

Date of request: _____ Date certificate needed by: _____

Name of person completing form: _____

Phone: _____ Fax: _____

Coverage Needed: General Liability (\$1,000,000 limit) Excess (\$2,000,000 limit)

If this is a request for an EVENT please complete this section, if not skip to number 5.

1. Name of event: _____

2. Date(s) of event: _____

3. Site of location of event: _____

4. Is the insured the primary host for the event? Yes No

5. Certificate Holder: _____

6. Certificate Holder address: _____

7. Certificate Holder phone: () _____ Fax: () _____

8. Contact Person: _____

9. E-mail Address: _____

10. Does the Certificate Holder require additional insured* status? Yes No
If yes, please specify Additional Insured wording:

*Additional insured should only be checked if it is a requirement of the Certificate Holder.

11. If number 10 has been checked, please outline the role the Additional Insured is playing in the activity (i.e. field owner, sponsor, other):

12. **Original certificate will be sent to the League/Association Insurance Coordinator**

Please forward completed request to: **Beth Dietz**
 Pop Warner Little Scholars, Inc.
 586 Middleton Blvd., Suite C-100
 Langhorne, PA 19047
 Ph 215-752-2691 x22; Fax 215-752-2879
 bethdietz@popwarner.com