



BAYOU Regional Volleyball Association
Proof of Liability Insurance Certificate Request Form
 All request forms must be sent to the region office --
 7226 Success St., Arabi, LA 70032



REGION: Bayou Regional Volleyball Association NEED BY DATE: _____

CLUB NAME: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: Primary: _____ Other: _____

EMAIL ADDRESS: _____

DOES THE CLUB REQUIRE A CERTIFICATE OF INSURANCE? Yes No

(IF YES, CLUB WILL RECEIVE A CERTIFICATE AS PROOF OF INSURANCE)

PREFERRED METHOD OF CERTIFICATE DELIVERY:

FAX #: _____ E-MAIL: _____

AUTHORIZED RVA SIGNATURE: _____ Date: _____

Regional Commissioner's signature only

Please attach to this form a list of scheduled tournaments to be organized/sponsored by the Club as well as a list of facilities (name & address) to be used for practices or tournaments by the Club.

SEND ADDITIONAL INSURED CERTIFICATES TO: CLUB CERTIFICATE HOLDER

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____

ADDITIONAL INSURED: Yes No

_____ Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

(ONLY CHECK BOX FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

Reason for certificate: Building Owner Sponsor Tournament League

Other - Describe: _____

Special Instructions: _____

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____

ADDITIONAL INSURED: Yes No

_____ Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY

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Special Instructions: _____

USE NEXT PAGE IF ADDITIONAL CERTIFICATES ARE REQUIRED.

CLUBS MUST SEND ALL REQUESTS TO THE REGION OFFICE.

ADDITIONAL CERTIFICATE HOLDERS (page 2)

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: Yes No

Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY
(ONLY CHECK BOX FOR EXCESS LIABILITY IF CERTIFICATE HOLDER REQUIRES MORE THAN \$1,000,000 OF COVERAGE)

Reason for certificate: Building Owner Sponsor Tournament League

Other - Describe: _____

Special Instructions: _____

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: Yes No

Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY
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Reason for certificate: Building Owner Sponsor Tournament League

Other - Describe: _____

Special Instructions: _____

CERTIFICATE HOLDER:

FACILITY NAME: _____ ATTENTION OF: _____

ADDRESS: _____ ADDITIONAL INSURED: Yes No

Phone# _____

FAX #: _____ E-MAIL: _____

LIMITS OF COVERAGE REQUESTED: GENERAL LIABILITY (\$1,000,000) EXCESS LIABILITY
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