



**UNITED STATES JUDO ASSOCIATION  
CERTIFICATE OF INSURANCE REQUEST FORM  
FOR A REGISTERED AND CHARTERED CLUB**

**Please allow 30 days to process this application.**

Send completed form to: USJA Date: \_\_\_\_\_  
2059 Merrick Road, #313,  
Merrick, NY 11566  
Support@USJA.net

Please issue a Certificate of Insurance for the following club:

CLUB NAME: \_\_\_\_\_ USJA CLUB #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLUB DIRECTOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Website: \_\_\_\_\_

LOCATION OF CLUB TRAINING SITE(S): \_\_\_\_\_  
(Please do **not** use PO Box numbers.) \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INSURED:  
(This information indicates the Certificate  
Holder, i.e., Landlord, School, YMCA)  
**This must be filled in, including address  
in order to obtain a Certificate**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELATIONSHIP TO CLUB:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL CERTIFICATE OF INSURANCE TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
PHONE #: \_\_\_\_\_  
FAX #: \_\_\_\_\_

**This section for USJA National Office only.**

Postmark Date _____	Club Registered for 2017-2018: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received _____	
Date Sent to Insurer _____	
Via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	USJA Certification _____

2059 Merrick Road, #313, Merrick, NY 11566  
Phone numbers: 516-366-3311, 727-937-7128 , 213-260-9200  
Fax number: (844) 892-6608