



Insurance Certificate Request Form (MEMBERS)

Complete this request form for the facility you are utilizing. When completed, email to the address below.

Please indicate date needed: _____ (allow 7-10 days for processing.)

Hawaii Registrar: registrar@808futsal.com

League Name: _____

League Administrator: _____

League Street Address: _____

City, State & Zip: _____

Contact Person: _____

Phone: _____

Email (please include): _____

Tournament Name (if insurance for this purpose): _____

Tournament Dates: _____

Certificate Type Required: Youth Program Certificate Adult Program Certificate

Which of the following types of certificates are you requesting? (place X in the appropriate box)

Named Insured - members of Hawaii Futsal. This certificate lists the league as a named insured in its description of operations and as Certificate Holder.

Additional Insured - not members of Hawaii Futsal. These are typically the field/facility owners, and are listed along with the league on the certificate. *If this coverage is for other than field/facility owners, please specify **why** you are requesting this certificate.*

Facility Details Required: Outdoor Facility Indoor Facility

If you are requesting a certificate for Additional Insured, please provide the following information.

Field Owner's Legal Name: _____

Field Owner's Address: _____

Field Owner's City/State/Zip: _____

Field Owner's Phone: _____

Endorsement Needed – *If an endorsement is needed please specify what you are requesting.*