***MICHIGAN SOCCER ASSOCIATION***

Member of the United States Adult Soccer Association



867 South Boulevard ~ Pontiac, MI 48341 ~ (586) 924-2400

**2021 CERTIFICATE OF INSURANCE REQUEST FORM**

**LEAGUE NAME** Mailing Address City

League Contact Person

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|  | | |
|  | ZIP  Telephone |  |
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|  | | |

E-Mail

**TEAM NAME**

Contact Person

**FACILITY OWNER** Mailing Address City

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|  | ZIP  Telephone |  |
|  |  |
|  | | |

Contact Person

E-Mail

**FACILITY NAME**

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| --- | --- | --- |
|  | | |
|  | | |
|  | ZIP |  |

Address

City

**Requests for Certificates of Insurance (field insurance)**

**will only be accepted when submitted by the League Administrator to: Michigan Soccer Association at**

[**MiSoccerAssoc@hotmail.com**](mailto:MiSoccerAssoc@hotmail.com)

**Questions, please contact Dyann Pugliese at (586) 924-2400.**