

**NORTH AMERICAN TOURNAMENT ASSOCIATION**  
**Request For Certificate of Insurance**

This form must be completed in its entirety and sent to us. You may save this to your computer, fill it out, save the changes, and then email it as an attachment to [EmilDeLuca@Charter.net](mailto:EmilDeLuca@Charter.net).

Alternatively, you may print it, fill it out legibly, and fax it to (314) 392-9266.

*(If you have a contract or insurance requirements, fax it with this form or scan and attach to the email you send)*

**ALL SECTIONS MUST BE FULLY COMPLETED. PLEASE PRINT CLEARLY OR TYPE INFORMATION.**

Date Requested: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone #: Area Code (    ) \_\_\_\_\_

Organization Name: \_\_\_\_\_

Fax #: Area Code (    ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Certificate Holder (Location or Person Requiring Certificate)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Key Contact Person: \_\_\_\_\_

Phone #: Area Code (    ) \_\_\_\_\_

Fax #: Area Code (    ) \_\_\_\_\_

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

**Please answer and check item(s):**

Does certificate holder require the original? *(Check one)*    Yes    or    No

*(If Yes, certificate will be mailed. If No, certificate will be faxed to requester.)*

Is this request for a Certificate? *(Check one)*    Yes    or    No

If yes, is the certificate holder *(Check one)*    an Additional Insured or    Proof of Insurance

List any other parties to be included as an additional insured \*\*: \_\_\_\_\_

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Any questions, please call:                    **(314) 685-2280 1-800-299-2324**  
Mailing Address:                                **North American Tournament Association**  
   **149 Trails West Drive**  
   **Chesterfield, MO 63017**

*(In most cases, allow 36 hours for processing)*