

Virginia High School Coaches Association

CERTIFICATES OF INSURANCE REQUEST FORM

****ALL STAR GAMES ** CAMPS **CLINICS**

Virginia High School Coaches Association

Please Type or Print Legibly

Proof of Insurance Only (PLEASE CHEK) _____	If Accident Insurance is Requested, will need following information below: Named Insured, Ex: Coach Smith Football Camp, Location, Number of Participants, Coaches and Umpires
Venue Requesting Certificate (This will be the Certificate Holder)	
Address of Venue:	
Contact Person: Email: Phone# Fax#:	Sexual Abuse and Molestation Statement: We acknowledge we have reviewed the Sexual Abuse & Molestation Policy on Virginia High School Coaches Association website Signature _____
Name/Type of Event:	
Location of Event – Including City and State:	
Additional Insureds Complete Address/Contact Person and Phone Numbers & Relationship to the Insured:	
Name of Requestor Signature of Requestor Phone # Email Fax#	

Please fax to Towne Insurance Agency, LLC at 757-546-2087 or email to insuranceinfo@towneinsurance.com
 Attn: Kay Olah or Amber Summerer or Danielle Talbert. Inquiries to Kay Olah 757-549-3936 or email kolah@towneinsurance.com, Amber Summerer 757-549-3947 or email asummerer@towneinsurance.com, Danielle Talbert 757-549-3944 or email dtalbert@towneinsurance.com.