



# NYSCA (National Youth Sports Coaches Association)

## Add Property-Field Owners / Lessors / or Sponsors

PLEASE PRINT OR TYPE - USE BLACK INK



**Note: All Property-Field Owners / Lessors / or Sponsors are included as Additional Insured under the policy. However, if you have one that contractually requires you to name them as an Additional Insured under the General Liability policy and requires a Certificate of Insurance – then please provide their name and complete mailing address.**

*Your teams are covered wherever they are playing scheduled games or practices – so it is not necessary to list every field or location*

**All certificate requests must be submitted in writing.**

*Your Certificate of Insurance will be returned to you via Email, Fax or U.S. Mail within 6 business days.*

League Name:
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Contact Person:
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Mailing Address:
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City:	State:	Zip:
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Home Phone: ( )	Daytime Phone: ( )	Fax #: ( )
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Email:
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**Certificate Requests:** You will receive a certificate of insurance showing evidence that coverage has been bound. Use this section to request any additional certificate needed for another entity. List the name and mailing address of any entity requiring a Certificate of Insurance and indicate their relationship to you. Please verify additional insured language as specified in the contract wording prior to submitting enrollment form for approval. **Providing a copy of the insurance section of your contract will help us complete Certificates of Insurance quickly and accurately.** Please note that certificates will not be sent directly to these entities – they will be sent to you for you to deliver. **(If you do not provide the complete mailing address of the Certificate Holder or Additional Insured we cannot issue the certificate of insurance.)**

*If your property owner requires an “Additional Insured Endorsement” you must specifically request this and send a copy of their requirement/instructions so that we can make sure we are issuing what they require.*

Check the type of certificate that you are requesting: ___ Additional Insured OR ___ Certificate Holder / Evidence of Coverage only
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Name of Certificate Holder:
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Contact Name:
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Complete Mailing Address:
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City:	State:	Zip:
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Relationship to you: <input type="checkbox"/> Property/Field Owner <input type="checkbox"/> Property/Field Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Endorsement Required <input type="checkbox"/> Other (please specify/explain):
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Check the type of certificate that you are requesting: ___ Additional Insured OR ___ Certificate Holder / Evidence of Coverage only
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Name of Certificate Holder:
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Contact Name:
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Complete Mailing Address:
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City:	State:	Zip:
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Relationship to you: <input type="checkbox"/> Property/Field Owner <input type="checkbox"/> Property/Field Lessor <input type="checkbox"/> Sponsor <input type="checkbox"/> Endorsement Required <input type="checkbox"/> Other (please specify/explain):
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<b>EMAIL OR FAX YOUR REQUEST TO:</b>  Sadler & Company, Inc. PO Box 5866 Columbia, SC 29250-5866	<b>PHONE OR FAX:</b> Phone: 1-800-622-7370 Fax: 1-803-256-4017 Email: <a href="mailto:nysca#@sadlersports.com">nysca#@sadlersports.com</a>	<b>DATE RECEIVED BY SADLER:</b>
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