

CCASA – YEAR 2010

TEAM/LEAGUE NAME: _____

TEAM/LEAGUE EMAIL (needed to send your policy to you):

ADDITIONAL Named INSURED:

Please submit a list of each facility owner, for all facilities where you will be practicing and/or playing games. This includes school districts, city fields, county/district parks, etc. Also list any place used for clinics/signups or fundraisers, if required by facility.

A \$5.00 fee will be charged if 1-2 day processing service is requested.

Only the places that you submit will be covered by insurance when your team or league uses the facility. **Please submit ASAP.**

Sample:	Certificate Holder Name:	City of Atascadero
	Attention:	John Doe
	Cert. Holder Address:	1234 Main Street
		Atascadero, CA 93422
	This Certificate is issued on behalf of:	Atascadero Girls Softball League

#1: Certificate Holder Name: _____
Attention: _____
Phone & Fax: _____
Cert. Holder Address: _____
City & Zip: _____

This Certificate is issued on behalf of: _____
Address: _____
Phone & Fax: _____

#2: Certificate Holder Name: _____
Attention: _____
Phone & Fax: _____
Cert. Holder Address: _____
City & Zip: _____

This Certificate is issued on behalf of: _____
Address: _____
Phone & Fax: _____

ATTACH ADDITIONAL SHEET FOR ADDITIONAL CERTIFICATE HOLDERS.

Email to: jessica.grove@centralcalasa.com or Fax to: 805-462-1026
or Mail to: CCASA – 6155 Conejo Road, Atascadero, CA 93422