

PROOF OF INSURANCE REQUEST FORM

In some cases, the owners or operators of game and practice facilities require proof of insurance before allowing member organizations to use those facilities. No insurance certificate can be sent without the written request below.

Mail to: OSA Office
PO Box 35174
Tulsa, OK 74153-0174

Please check one:
Youth _____ Adult _____

Requested by: (Member organization, Association, League or Club)

Name of Person requesting certificate

Organization

Address

City/State/Zip Code

Daytime Phone

Name and/or Location of field

Certificate Holder: (Property Owner, City, County, Parks/Rec Dept., University, etc.)
A \$15 fee is charged to be named as a certificate holder.

Name of Certificate Holder

Address

City/State/Zip Code

Attention (If needed)

Important: We prefer not to list the certificate holder as an additional insured. If this is absolutely required, then please check.

Additional Insured

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For OSA use or Insurance Company Use Only

Date Received _____ Paid: _____

Date Sent to Insurance: _____ to OSA _____

Date Returned to Member: _____