



NEW MEXICO

STATE SOCCER ASSOCIATION

NMSSA CERTIFICATE OF INSURANCE REQUEST FORM

If you are required to provide a Certificate of Insurance for fields, or other entity for any reason, please supply the following information and email this form to nmssasecretary0@gmail.com

PLEASE INCLUDE A COPY OF THE CONTRACT or SECTIONS RELATING TO INSURANCE THAT'S REQUIRED.

Your Name	Your Title
Your League/Organization	Request Date - Season or Tournament
Your Telephone Number	Your e-mail
Name of Facility, Field, or Entity requesting the COI	
Address of Facility, Field, or Entity requesting the COI	
<u>Description of Activity:</u> Please provide what league(s) will play at this location. If this will be for a tournament please provide the dates you will need the COI.	

Please allow 3 business days for approval.