NJFL Insurance Certificates Request Form

NJFL organizations must complete the following form in order to receive an insurance certificate to cover their organization under the NJFL insurance. Please complete 1 form per Certificate Holder. Please allow 48-72 hours to complete once received.

Date of Request:	
Date of Event:	
Name of Organization:	
Contact Name:	
Phone Number:	
Email Address:	
Name of Certificate Holder:	
(Name of Site/Location organization will be	
at;	
ie. School District Name, Field, Fundraiser,	
Storage, Banquet)	
(**If Cert. Holder is School District, see	
below)	
Address of Certificate Holder:	
(Address of School, Field, Fundraiser,	
Storage, Banquet)	
(**If Address is a part of School District, see	
below)	
If Name and Address are a School District	
Name and District Address, will this cover	
all facilities in the above listed School	
District? (yes/no)	
Activity Description1/17/2017	
(Practice/Game	
Field/Fundraiser/Storage/etc)	

****If** <u>Certificate Holder is School District</u>- BEFORE you submit your form to NJFL, please find out if the name needs to be listed as the school district's name or the actual School Name.

*******If Address is within a School District*- BEFORE you submit your form to NJFL, please find out if the address needs to be listed as the district address and if it will cover all district venues or if the address needs to be listed as the physical school address you are using.

If you have any questions, please contact Tony Schwaerzler @ njfltreas@gmail.com .