



**CERTIFICATE OF LIABILITY INSURANCE REQUEST**  
**United Premier Soccer League**

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**TEAM:**

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**PERSONAL MAKING REQUEST:**

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**TELEPHONE**

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**EMAIL ADDRESS:  
THIS ADDRESS THE  
CERTIFICATE WILL  
BE EMAILED**

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**ATTENTION:**

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**FACILITY OWNER:**

\_\_\_\_\_

**ADDRESS:**

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**SECOND FACILITY NAME** \_\_\_\_\_

**ADDRESS:**

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**PHONE**

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**SPECIAL WORDING**

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IF MORE SPACE IS NEEDED USE ADDITION PAGE PLEASE EMIAL  
COMPLETED FORM TO [gerald.brunner@upsoccernews.com](mailto:gerald.brunner@upsoccernews.com) .