

# UNITED STATES JU-JITSU FEDERATION

The National Governing Body for Ju-Jitsu in the United States of America  
USJJF National Office: 1850 Columbia Pike, Ste. # 626, Arlington, VA 22204 USA  
TEL: & FAX: 703-920-1590, Website: [www.usjff.org](http://www.usjff.org), Email: [natlhq@usjff.org](mailto:natlhq@usjff.org)

## REQUEST FORM FOR CERTIFICATE OF INSURANCE FOR A REGISTERED USJJF CLUB

Complete the below form and send to the above address

Request a Certificate of Insurance be issued to the following:

Registered Club Name: \_\_\_\_\_

Club Registration Expires on: \_\_\_\_\_

*I hereby affirm that All Active Participants (Students & Instructors) of the above Club are Current Registered USJJF Members. I do understand that all active club participants must maintain their USJJF Memberships & USJJF Medical (Accident) Insurance in order for the USJJF Liability Policy to be in effect.*

Club Director:  
(Printed Name) \_\_\_\_\_

(Signature) \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Location of the Club Training Site(s): \_\_\_\_\_

\_\_\_\_\_  
**(Do not use a P.O. Box #)**  
\_\_\_\_\_

Additional Insured:	Relationship to Club:
_____	_____
_____	_____
_____	_____

Mail Certificate of Insurance to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_