

New York State High School Officials Coordinating Federation

Liability Insurance Certificate Request Form

For the period of 9-1-20__ to 9-1-20__

Instructions: Complete the information below and include the name of your organization, which we will reference on the certificate (ie., NYS Baseball Umpires Assn., NYS Officials of Girl's Gymnastics, etc). If no organization name is specified, the certificate will be issued on behalf of NYSHSOFC. Provide the name and address of the certificate holder (person to whom you will give the certificate) and indicate whether or not they need to be named as an additional insured. The certificate will be faxed or mailed back to you within two business days.

Your Name: _____ **Title:** _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Certificate Holder: _____

Contact Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Is the certificate holder requesting to be named as an additional insured? _____

Special Instruction:

Marsh-Attn: Justin Brewer or Keith Bashaw PH (800)-537-5728 FX (585)389-8721
Mail to: 175 Sully's Trail, Suite 301, Pittsford, NY 14534