

N.O.C.A.D.

CERTIFICATE OF INSURANCE REQUEST FORM

➤ ALL STAR GAMES ➤ SUMMER CAMPS ➤ CLINICS

Nebraska Coaches Association

Please Type or Print Legibly

Proof of Insurance Only (PLEASE CHECK)	
Venue Requesting Certificate – (This will be the Certificate Holder)	
Address of Venue:	
Contact Person:	Email
Phone#	Fax#
Date of Event:	
Coverage Dates Requested:	
Name / Type of Event:	
Location of Event – including City & State:	
Additional Insureds Complete Address/Contact Person and Phone numbers & Relationship to the insured: (Please use separate sheet if need for additional insureds)	
Name of Requestor Signature of Requestor Phone#	Email Fax#

Please fax to Loomis & LaPann, Inc. 518-792-3426 Attention: Greg Joly/and or Karen Boller
Inquires to Greg Joly 800-566-6479, or email to Gjoly@loomislapann.com. or Kboller@loomislapann.com