

FYSA PROOF OF INSURANCE REQUEST FORM

Periodically the owners or operators (schools, parks, etc.) of game and practice facilities require proof of insurance before allowing our member organizations (leagues, clubs, teams) to use those facilities. You are covered on facilities that you utilize, but in order to add a facility, you must complete the following form for EACH facility or body (i.e. School Boards, Parks, etc.). **NO INSURANCE CERTIFICATE WILL BE ISSUED** without the completion of this form. The state office **DOES NOT** issue the certificates. They are processed by our insurance carrier and distributed by them. Please be sure to complete the special wording section when needed, i.e., additional insured's, particular field, etc.

Mail, fax or email the completed form (s) to:

M.E. Wilson Company, Inc.
PO Box 373
Tampa, FL 33601
Fax: 813-229-2795
Email: customerservice@mewilson.com

Name of Team : (Member organization, league, club) Dist/Club Code _ _ - _ _ _

Name of agent or club representative	Phone/Fax	Date of request
Organization		
Street Address (or PO Box)		
City/State/Zip		
Email Address	Fax Number	

Name of Certificate Holder: (Property owner, County, Park, School, etc.)

Name of Certificate Holder		
Attention	Email address	Fax Number
Mailing address		
City/State/Zip		

Additional Insured needed? ()

Special Wording/Requirement for Certificate
