

Garfield Green, President
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CERTIFICATE OF INSURANCE REQUEST

Contact: Julia Connor, CSSA Admin

Text: 860-989-3762

Email: CSSASecGen@gmail.com

State Association: **Connecticut**

League Name:

Team(s) Name:

Team Contact:

Contact Phone:

Contact Email:

Alt Email:

Facility Owner/Town Name:

Owner/Town Mailing Address:

Contact Name:

Contact Email:

Specific Facility/Field Name or "All Fields" to cover ALL town fields:

Address (if a single, specific field or facility - if "All Fileds" leave blank:

Select below to indicate if you want the Insurance Certificate emailed to Team and/or Facility Owner

Instructions:

- The form above is a "Fillable" form, meaning you can click each field and fill it out on your computer. It will work on mobile devices as well but the formatting my get funky. Fill out the form entirely and click the blue button below to submit it via email. The button will launch your default email client, create and email with the correct send-to email address, and will attach the form.
- You can also print this form and manually fill it out like any other PDF