

# United States Adult Soccer Association Certificate of Insurance Request

**STATE ASSOCIATION:** Louisiana Soccer Association

**LEAGUE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

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**TEAM:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

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**FACILITY OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ATTENTION:** \_\_\_\_\_

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**FACILITY'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**Instructions:** Complete all the information requested above. Once complete, mail or fax form (along with a Goal/Field Inspection Form) to LSA. LSA will then forward the form to USASA for the Insurance Certificate. Please allow at least 3-5 days for request to be processed.



Attn: Adult Insurance Certificate Request  
475 Gardere Lane  
Baton Rouge, LA 70820  
Fax (225) 766-0623

