

CERTIFICATE OF INSURANCE INFORMATION

To have a copy of the States Certificate of Insurance sent to your Field owner complete a Certificate of Insurance Request Form.

The following information is required to complete this form:

1. Your First and Last Name
2. Your Mass Soccer ID# or passcard number MAxxxxxxxxxx
3. Your Team Name
4. Mass Soccer League – CMO35 (Central Mass Over 35)
5. Owner of the field – Typically this is a city, town, recreation department, college, business, etc.
6. Address of Owner (Not usually the field address)
7. Name of specific field(s) – i.e. Middle School field
8. Name and email address of the field owner or person to receive the Certificate.

Enter the above information onto the Insurance Form then click 'Submit'. The form will be forwarded to Mass-Soccer to be processed. Certificate will be emailed in 1 – 3 weeks.

CLICK HERE TO COMPLETE FORM – [Insurance Form](#)

If you have already done this and a certificate hasn't been sent then you must contact the Mass Soccer Insurance Officer for additional help. You can contact the Insurance Officer by email at: insurance@mass-soccer.reg