

**SOUTHERN CALIFORNIA MUNICIPAL ATHLETIC FEDERATION  
OFFICIATING LIABILITY INSURANCE PROGRAM APPLICATION**

Certificate Holder

Group and/or Individual's Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of Program \_\_\_\_\_

Name of Program Head(s) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Event Location(s) \_\_\_\_\_

Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Number of Registered Participants: \_\_\_\_\_

Any accidents in the past five years? If yes, please complete:

<u>Date of Accident</u>	<u>Description</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment Amount: \$ 15 per issued certificate (\_\_\_\_) Enclosed (\_\_\_\_) Bill Applicant

**Please provide the following:**

- A copy of contractual agreement between group and location. (sample)
- A copy of the waiver & release form between the group and the participants. (sample)
- **Exact Wording for Additionally Named Insured (Print below, if needed).**

\_\_\_\_\_  
\_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Risk Manager or Group Director Signature, if applicable

\_\_\_\_\_ Title

**Mail or Fax Application and Materials to SCMAF:**

SCMAF Recreation Insurance Program

P.O. Box 3605

So. El Monte, CA 91733

(626) 448-0853 FAX (626) 448-5219

SCMAF@scmaf.org