

# Home School Sports Solutions

## Additional Insured Certificate Request Form

**Named Insured** \_\_\_\_\_ **HSPN Membership #** \_\_\_\_\_

Certificate Holder: \_\_\_\_\_

Attention To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Certificate Holder: \_\_\_\_\_

Attention To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Certificate Holder: \_\_\_\_\_

Attention To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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The complete address is required in order to issue the Additional Insured Certificate. Each Additional Insured Certificate is issued at a cost of \$35.00 a piece.

Fax the complete form to **Home School Sports Solutions** c/o NCG Insurance.  
(703) 777-8262.