

# NYS High School Officials Coordinating Federation CERTIFICATE OF INSURANCE REQUEST FORM

Please send this request via fax or e mail to your Certificate of Insurance Manager  
Ms. April Keefe [aprilk@paris-kirwan.com](mailto:aprilk@paris-kirwan.com) Fax: 585-340-1714  
Or back up representative Ms. Cheryl Darling [cheryld@paris-kirwan.com](mailto:cheryld@paris-kirwan.com)

Officials Association Name:

---

Requested By: \_\_\_\_\_

Certificate Holder Name and Address:

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

Attn: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

E mail address \_\_\_\_\_

Mail Copy  Yes  No

Additional Wording or Special  
Requests: \_\_\_\_\_

---

---

**\*\*If the Certificate Holder asks to be listed as an Additional Insured on the CG 20 26 form, the insurance company charges \$40. Paris-Kirwan will bill your organization for the \$40, so include your treasurer's Name and Address. Please check your Facility Use agreement for the insurance requirements.**

**\*\*\*The OCF policy is not intended to provide coverage for games/meets/tournaments hosted by an Official's Association. You need to purchase a Special Events policy. Paris-Kirwan can assist with that policy.**

If you have any questions, feel free to call our main office at 585-473-8000 or  
e mail [aprilk@paris-kirwan.com](mailto:aprilk@paris-kirwan.com) or [cheryld@paris-kirwan.com](mailto:cheryld@paris-kirwan.com)