



# TEAM INSURANCE VERIFICATION FORM

## PRESENT THIS FORM ALONG WITH SUPPORTING DOCUMENTS WHEN YOU ARRIVE.

Each team is required to carry its own general liability insurance with minimum coverage of **\$2,000,000**. If the general liability policy does not cover participant injury, minimum accident medical insurance of **\$50,000** must also be provided. It's likely your team already has this coverage in place.

**(PLEASE PRINT CLEARLY)**

Team Name \* \_\_\_\_\_

Tournament Name \* \_\_\_\_\_

Tournament Start Date \* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Coach First Name \* \_\_\_\_\_

Coach Last Name \* \_\_\_\_\_

Today's Date \* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Certificate of Insurance (COI) Document \*

The certificate of insurance (COI) must list Ballparks of Branson LLC as additionally insured at our legal business address:

Ballparks of Branson LLC  
2311 Birchwood Ave.  
Wilmette, IL 60091.

**Please provide a digital printed copy of your team insurance certificate. Do not provide photo image or screenshot printouts.**

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