



UNITED STATES ADULT SOCCER ASSOCIATION

Member of the United States Soccer Federation
7000 S. Harlem Ave ~ Bridgeview, IL 60455 ~ (708) 496-6870

League D&O Insurance Form

Email Completed form to Indiana Soccer | angel@soccerindiana.org

State Association Name INDIANA SOCCER	State Verification Officer's Name
Date	State Verification Officer's Signature

League Classification - Please circle one - (Men's) (Women's) (Co-ed)

LEAGUE NAME

Mailing Address

City State ZIP

E-mail Telephone

Web Site # of Players

PRESIDENT

Mailing Address

City State ZIP

E-mail Telephone

VICE PRESIDENT

Mailing Address

City State ZIP

E-mail Telephone

SECRETARY

Mailing Address

City State ZIP

E-mail Telephone

TREASURER

Mailing Address

City State ZIP

E-mail Telephone

THIS FORM MUST BE RECEIVED BY THE USASA NATIONAL OFFICE BEFORE YOUR LEAGUE DIRECTORS AND OFFICERS WILL BE INSURED UNDER THIS POLICY. PLEASE USE AN ADDITIONAL SHEET TO LIST OTHER OFFICERS IF NEEDED.