



COI PROCESSING & TIMING

WEDNESDAY, AUGUST 19, 2026 12:30 PM ET

PRESENTED BY:



ANGEL HALL
ASSOCIATE DIRECTOR



GEORGI EMENHISER
OPERATIONS & ODP
ADMINISTRATOR



AMBER CREMEENS
REGISTRAR &
ADMINISTRATIVE ASSISTANT

WHAT IS A COL?

CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 09/15/2022																						
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																										
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																										
PRODUCER: Insurance Agent Agency Address Agent Contact Information			CONTACT NAME: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;"> PHONE (A/C, No, Ext): 855-566-1011 </td> <td style="width: 30%; padding: 2px;"> FAX (A/C, No, Ext): </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> E-MAIL ADDRESS: Support@coterieinsurance.com </td> </tr> </table>			PHONE (A/C, No, Ext): 855-566-1011	FAX (A/C, No, Ext):	E-MAIL ADDRESS: Support@coterieinsurance.com																		
PHONE (A/C, No, Ext): 855-566-1011	FAX (A/C, No, Ext):																									
E-MAIL ADDRESS: Support@coterieinsurance.com																										
INSURED: Business Name Mailing Address			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center; padding: 2px;">NAIC #</th> </tr> <tr> <td style="width: 80%; padding: 2px;">INSURER A: Insurance Company Name</td> <td colspan="2" style="padding: 2px;">XXXX</td> </tr> <tr> <td style="padding: 2px;">INSURER B:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER C:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER D:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER E:</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">INSURER F:</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Insurance Company Name	XXXX		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																								
INSURER A: Insurance Company Name	XXXX																									
INSURER B:																										
INSURER C:																										
INSURER D:																										
INSURER E:																										
INSURER F:																										
COVERAGES		CERTIFICATE NUMBER		REVISION NUMBER																						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																										
INSR LTD	TYPE OF INSURANCE	ADDL INSR	SUBR VWD	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR			xx/xx/xxxx	xx/xx/xxxx	EACH OCCURRENCE \$1,000,000																				
	☐					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000																				
	☐					MED EXP (Any one person) \$5,000																				
	☐ Hired Non-Owned Auto					PERSONAL & ADV INJURY \$1,000,000																				
	GENTL AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC							GENERAL AGGREGATE \$2,000,000																		
	☐ Other: _____					PRODUCTS - COMP/OP AGG \$2,000,000																				
COMBINED SINGLE LIMIT																										

A COI stands for a Certificate of Insurance. It is an official, usually single-page document issued by an insurance broker or agent that acts as quick proof that an individual or business holds active insurance coverage



WHEN DO CLUBS RECEIVE THE ANNUAL COI DISTRIBUTION?



Each year, by September 1, all member clubs should receive a Certificate of Insurance for each facility they use to train and/or play games. This COI proves to the property owner that you have liability coverage for incidents that could occur during your use. The COI will list the coverage summary.

The COI is good for activity September 1 to August 31 of the following year. All COIs expire on August 31 each year no matter what date they are issued during the year.



HOW ARE THE COI'S DISTRIBUTED AND TO WHOM?



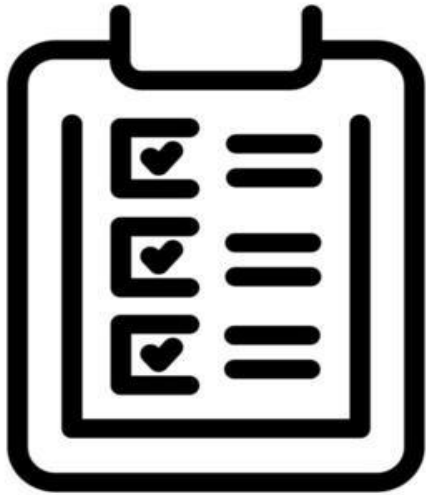
The COIs are collated by club and sent via email as PDF attachments to the club contact email address on file in the COI platform.

The club contact should receive a copy of every COI that is still active in the system that the club used or activated in the previous year.

If you need to change the club contact, please report that information to Amber Cremeens amber@soccerindiana.org



AFTER WE RECEIVE THE COI'S, WHAT DO WE DO WITH THEM?



Check for accuracy.

- If there is a facility included in your documents that you no longer use, destroy the COI and contact Amber Cremeens (amber@soccerindiana.org) to have it removed from the database.
- If there is a facility missing, you will need to use the online portal available on the Indiana Soccer website to request it.

Send a copy to the facility owner to update their files.



HOW TO REQUEST A COI



As a member club you can submit a request for a COI at any time during the year.

The link is listed on our website-

<https://www.soccerindiana.org/services/insurance-information/>

- YOUTH Members: You can request additional COI's using the [online request form](#).
- ADULT Members: Please contact Amber Cremeens via email (amber@soccerindiana.org) and request the COI's you need.



COI ONLINE FORM

*Please note that special wording may require several days for approval by Player's Health.



**SUBMIT YOUR INFORMATION
TO REQUEST A CERTIFICATE
OF INSURANCE:**

Facility (Certificate Holder) *	Facility - Street Address (Certificate Holder) *
Facility - City (Certificate Holder) *	Facility - State (Certificate Holder) *
	Select a State 
Facility - Zip Code (Certificate Holder) *	Facility - Email (Optional)
Club Name - Affiliate *	Club Contact Name *
Select a Club 	
Club Contact Email *	Club Contact Phone
Event Name	Special Wording



COI'S FOR N1



When participating as an N1 team in the N1 league or any other US Soccer member sanctioned event with N1 membership/passes, N1 will cover the club/team with the exact same coverage that is provided by US Club. You will receive the COI's for facility use from US Club thru N1.

Please check with N1 for details: <https://national1league.org/about/>

Or <https://usclubsoccer.org/resources/members-area/insurance/coi/>



THIS WEEK'S GOAL GETTER MINDFUL MINUTE:

