



2022-23 Tournament Request Form

Name of Tournament: _____

Board # Sponsoring: _____

Board Contact Name: _____

Date(s) of Tournament: _____

Location of Tournament: _____

Address: _____

City: _____ State: _____ Zip: _____

TOTAL PREMIUM: \$400.00

Check Number: _____

Additional Insured Info:

#1: Name of Additional Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

#2: Name of Additional Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

#3: Name of Additional Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Make check payable to: *CBIZ Insurance Services*

Please remit this form and payment to:

Eileen Stanton
CBIZ Insurance Services
200 Charles Ewing Blvd, Suite 330
Ewing, NJ 08628