



Team Insurance Verification Form

**PRESENT THIS FORM ALONG WITH
SUPPORTING DOCUMENTS
TO greg@theshipyardpark.com**

(PLEASE PRINT CLEARLY)

Team Name* _____

Tournament Date* _____ / _____ / _____

Coach First Name* _____

Coach Last Name* _____

Each team is required to turn in a Certificate of Insurance (COI) with its own Commercial General Liability, combined single limit of \$1,000,000 bodily injury and property damage, and \$2,000,000 limit for personal injury.

Certificate of Insurance (COI) Document*

The certificate of insurance (COI) must list Shipyard Park, LLC as additionally insured at our legal business address:

Shipyard Park, LLC
2383 Highway 41, Suite 100
Mount Pleasant, SC 29466

A digital, printed copy of your teams insurance certificate must be provided. Photo images or screenshot printouts are not accepted.

Shipyard Park

(843)-747-3567

theshipyardpark.com