

Additional Insured Request Team



TM

REGISTER

Welcome Back!

Your Member ID is:



Important Updates: You have 6 new Update Messages! [Click here](#) to view them.

Registration Menu

Umpires

[Go To My Umpire Page](#)

Individually Registered Teams

[View My Teams](#)

[Add Team](#)

Individually Registered Leagues

[View My Leagues](#)

[Add League](#)

Teams - Please contact your local association to learn more about becoming an ASA Sactioned Only Team.

Start by going to your team.
Note: your team is required to have at least one approved member

Umpire Contact

Name:
Association:
Phone:
Email:

Background Check

ACE Certification

My Teams

My Teams

2016 Year
2015 Year

Select All Unselect All Select all on the page Unselect all on the page Export To Pdf Export To Excel Refresh Grid

Drag a column header here to group by that column

#	Team Name	Status	Status Date	Mbr Count	Issues	Roster	Insurance	Classification	Group/League	Season
<input type="checkbox"/>	Test	Attenc	8/15/2016	13	Yes	Not Submitted	Not Submitted	Girls Fast Pitch - Unclassified	JO / Alva Softball	2016 Year
<input type="checkbox"/>	Delaware Magic South 14U	Approved	8/30/2016	15	Yes	Approved	Approved	Girls Class A Fast Pitch 14/Under	JO - Travel / Central	2016 Year

Create Filter

Bat Busters Approved

Team ID: 66540

[Invoice Preview](#)

Standard Roster

Invoice(s): [125629](#)

[View Issues](#)

Click the "Request Additional Insured" option, then the "Go" button.

Click Go to initiate your selection.

Click Open to view your selection.

--Team Actions--



--Printable Documents--

- Team Actions--
- Card Reprint Order (Approved Members)
- Photo Upgrade Submit
- Remove Selected
- Request Additional Insured**
- View PayPal Avail Invoices

#	Photo	PersonID	Name	Role	DOB	BG	ACE	Conc	Birth C	Paid	Inv	Status	Status Date	BG Status
<input type="checkbox"/>		902259	First Last	Team Administrator	5/25/1977							Approved	12/1/2015	Cleared
<input type="checkbox"/>		902270	Liam Hill	Coach	5/25/1980					✓	125629	Approved	12/1/2015	Not Started
<input type="checkbox"/>		902259	First Last	Head Coach	5/25/1977					✓	125629	Approved	12/1/2015	Cleared
<input type="checkbox"/>		902260	Samantha Evans	Player	9/14/2000				✓	✓	125629	Approved	12/1/2015	
<input type="checkbox"/>		902269	Emily Gomez	Player	6/6/2000				✓	✓	125629	Approved	12/1/2015	
<input type="checkbox"/>		902265	Sophia Jackson	Player	6/22/2000				✓	✓	125629	Approved	12/1/2015	
<input type="checkbox"/>		902264	Lauren Lake	Player	4/23/2000				✓	✓	125629	Approved	12/1/2015	

Shootout

Print Team Ins.Cert

Return

Add New

Approve

Deny

Additional Insured Requests

Drag column header here to group by that column

#	Status	Main Req
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Add New Request

Each Additional Insurance request should pertain to a single entity (school district, organization, complex, institution, etc.)

Main Requester (Organization, Institution, etc. Max 150 Characters)

Please enter the name of the addt'l insured above

Requester Address

Please enter the address

Requester City, State, & Zip

Please enter the CSZ

Additional Information (Max 50 Characters)

Optional

Submit

Close

data to display

Click the Add New button and Fill out the window that appears.

Once your local commissioner approves your request, you will be able to print the updated insurance certificate.

Shootout

Print Team Ins.Cert

Return

Add New

Approve

Deny

Additional Insured Requests

Drag a column header here to group by that column

#			Status	Main Req	Address	CSZ	Alt Req
<input type="checkbox"/>	Edit	Print	Approved	Park District	4444 East	CA 94550	



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