Academic Year_________________

Certification of Compliance for Institutions

For: NCAA member institutions
Action: Keep on file in the office of the director of athletics
Due date: To be completed by _________________________
Required by: NCAA Bylaw ________
Purpose: To certify insurance coverage for student-athletes

TO: CHIEF EXECUTIVE OFFICER (CEO)

Name and address of your institution: _______________________________________
____________________________________
____________________________________
CEO telephone: _________________________
Division: ______________________________

By signing and dating this form, you certify that your institution has met the requirements of By-law _______. You must complete this form each year to remain in good standing as an NCAA member institution. The following statements summarize the requirements of Bylaw ________:

You or your designated representative have verified that all student-athletes and prospective student-athletes have insurance coverage in place for athletically related injuries that may occur during this academic year. Coverage exists up to the current deductible of the NCAA Catastrophic Injury Insurance program and is provided through one of the following:

a. Parents' or guardians' insurance coverage;
b. Participant's personal insurance coverage;
c. Institution's insurance program; or
d. Some combination of the above.
Your institution intends to maintain compliance with this bylaw.

___________________________________
Print or Type Name

________________________________
Date

___________________________________
Signature of CEO
(Acting CEO’s signature is not acceptable)

What to do with this form:

1. Complete this form by ____________.

2. Keep a copy of this form in your files.

3. Forward this form to the office of the director of athletics. **It is not to be sent to the NCAA national office.**

4. Contact the NCAA insurance department at 317/917-6222 if you have questions about this form.