



CERTIFICATE OF INSURANCE REQUEST FORM (FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIMES)

* This is to certify to

*Name
*Full Address (Inc Postal Code):

Please print name and address of facility/ school board/city requesting a certificate

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of insured: FOOTBALL CANADA, 825 Exhibition Way, Suite 205 Ottawa ON K1S 5J3

Name of Insured: FOOTBALL ONTARIO

* Name of Club, League or Member:
* Name of Team (if applicable)
Name of Contact: Phone #: E-mail:
*Description of event(s) e.g. training & games:
* Name of Location (e.g. ABC Park)
* Address (e.g.123 Any Street, Any Town, ON)
* Date(s):

Table with 5 columns: TYPE OF INSURANCE, INSURER, POLICY N°, POLICY PERIOD, * LIMIT OF INSURANCE (CANADIAN FUNDS). Row 1: Commercial Liability Insurance, Markel Canada under Certain Lloyd's Underwriters under Contract MKL2020001, CAS588338-01, January 1st, 2021 To January 1st, 2022, \$5,000,000 Per occurrence.

Please include a copy of your lease agreement.
[] Please check if a copy of the lease agreement is attached
[] Please check if additional list attached

* ADDITIONAL INSURED (attach addition list if needed):
1. 4.
2. 5.
3. 6.

THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.

Signature of Person Requesting the Certificate:

Name of Person Requesting the Certificate (PRINT):

Role of Person Requesting the Certificate (e.g. Director):

Date of Signing: DD/MM/YYYY

This Club/League is in Good Standing: Signed on behalf of the Football Ontario

Name of Football Ontario Representative (PRINT):

Date of Signing: DD/MM/YYYY

This certificate's request form has been approved by: Executive Director, Football Ontario

Date of Signing: DD/MM/YYYY

Unsigned or incomplete forms will not be eligible for processing to the underwriter