



# CERTIFICATE OF INSURANCE REQUEST FORM

Please allow 24 to 48 hours during business days for processing.

\* This is to certify to: (name of facility/ school board/city requesting a certificate – NOT the team's name) \_\_\_\_\_

\* Address: \_\_\_\_\_

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, House of Sport - RA Centre, 2451 Riverside Dr., Ottawa, ON K1H 7X7

Name of Insured: FOOTBALL ONTARIO

\* Name of Association : \_\_\_\_\_

\* Name of Team : \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

\*Description of event(s): \_\_\_\_\_

\* Location of the event(s):  
(name and address) \_\_\_\_\_

\* Date(s): \_\_\_\_\_

Type of INSURANCE	INSURER	POLICY NO	POLICY	LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Markel Canada	CAS782181-01	January 1st, 2024 To January 1st, 2025	\$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:**

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.

This certificate's request form has been approved by:

\_\_\_\_\_ Branch Executive Director or representative