



CERTIFICATE OF INSURANCE REQUEST FORM

FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIMES

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 N°	POLICY PERIOD	LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Markel Canada	CAS782181-04	January 1 st , 2026 To January 1 st , 2027	\$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