



CERTIFICATE OF INSURANCE REQUEST FORM

FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIME

Please allow 7-10 business days for processing.

* **This is to certify to:** _____

* **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: **HOCKEY CANADA**
801 King Edward Avenue, N204, Ottawa ON K1N 6N5

Name of Insured: **HOCKEY ALBERTA**
1-7875-48th Avenue, Red Deer, AB T4P 2K1

* **Name of Team / Association:** _____

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	Chartis Insurance company of Canada	0511578	September 1 st , 2010 to September 1 st , 2011	\$2,000,000 General Liability Insurance
_____ # of days for cancellation notice (if required)				

Please include a copy of your lease agreement.

- Please check if a copy if 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 has been approved by: _____
Branch Executive Director or representative