



Game & Conduct Management:
MHA Resource Manual
 APPENDIX 5 - CERTIFICATE OF INSURANCE
 REQUEST



DATE OF REQUEST: _____

ASSOCIATION: _____

TEAM: _____

CONTACT: _____

PHONE: _____ (HOME) _____ (WORK)

FAX: _____ EMAIL _____

DATE OF EVENT: _____

NAME/ADDRESS OF PREMISES REQUESTING CERTIFICATE OF INSURANCE:

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____ P/C: _____

TYPE OF EVENT:

(use another sheet if more space is required)

COPY OF CONTRACT ATTACHED: no yes

AMOUNT OF LIABILITY INSURANCE COVERAGE REQUESTED: \$ _____

APPROVAL OF LOCAL ASSOCIATION PRESIDENT:

_____ printed name _____ signature

APPROVAL OF HOCKEY ALBERTA:

_____ signature _____ date