



CERTIFICATE OF INSURANCE REQUEST FORM

Please return the completed form to Rebecca Charette at the HEO office
rcharette@HockeyEasternOntario.ca or by fax (613) 224-6079 prior to 72 hours from the event.

FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIMES

Please allow 7-10 business days for processing.

* **This is to certify to:** (name of facility/
school board/city requesting a certificate) _____

* **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 EASTERN ONTARIO**
1247 Kilborn Place, Suite D300, Ottawa ON K1H 6K9

* **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	95053500	September 1 st , 2013 to September 1 st , 2014	\$2,000,000 General Liability Insurance

Please check if Liquor Liability is required # of days for cancellation notice (if required) _____

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