



CERTIFICATE OF INSURANCE REQUEST FORM



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 the organization requesting a proof of insurance)

*** Address:**

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

Name of Insured: **OTTAWA DISTRICT HOCKEY ASSOCIATION**
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	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 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 has been approved by: _____
Branch Executive Director or representative