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| **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.

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| **\* 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**

2255 St-Laurent Boulevard, #100, Ottawa ON K1G 4K3

Name of Insured: **BRITISH COLUMBIA PROVINCIAL FOOTBALL ASSOCIATION**

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| **\* 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):** |  |

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| **Type of insurance** | **Insurer** | **Policy N°** | **Policy period** | **\* Limit of Insurance (canadian funds)** |
| Commercial Liability Insurance | Lloyd’s 19B01425 | SPO00012 | January 1st, 2020ToJanuary 1st, 2021 | $1,000,000 Aggregate |
| Excess Liability Insurance | Markel Canada Limited under an authority from Certain underwriters at Lloyd’s under UMRB6027 MKL2019001 | 273191 | February 1st, 2020ToFebruary 1st, 2021 | $4,000,000 Aggregate |

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| 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:

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| Branch Executive Director or representative |