



**INSURANCE CERTIFICATE REQUEST FORM  
LACROSSE NOVA SCOTIA**

*Please submit the following information to request an insurance certificate for your event:*

Location of the Event: \_\_\_\_\_

Team Making the Request: \_\_\_\_\_

Date of the Event: \_\_\_\_\_

Name of Venue: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name of Additional Insurance (if there is one): \_\_\_\_\_

Type of Event: \_\_\_\_\_

Amount of Insurance Coverage Required \_\_\_\_\_