**C/O Laurie McQuaid :** [**rnb.executivedirector@gmail.com**](mailto:rnb.executivedirector@gmail.com)

**CERTIFICATE OF INSURANCE REQUEST FORM**

**BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY YOUR PROVINCIAL ASSOCIATION**

|  |  |
| --- | --- |
| **This is to certify to:**  **(Name of entity requesting proof of insurance)** |  |
| **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:** | **RINGETTE CANADA** | | | | | | | | | |
|  | c/o House of Sport, RA Centre, 2451 Riverside Drive, Ottawa, ON K1H 7X7 | | | | | | | | | |
|  |  | | | | | | | | | |
| **and:** | **RINGETTE NEW BRUNSWICK / RINGUETTE NOUVEAU BRUNSWICK** | | | | | | | | | |
|  | PO Box 27072, Dieppe RPO Champlain, New Brunswick E1A 6V3 | | | | | | | | | |
|  |  | | | | | | | | | |
| **and Name of Team /Club/Assoc.:** | |  | | | | | | | | |
| **Name of Contact:** | | Patrick | | **Tel. No.:** | | ( ) | **Web Site** | |  | |
| **Description of Event(s):** | |  | | | | | | | | |
| **Location:** | |  | | | | | | | | |
| **Date(s):** | |  | | | | | | | | |
|  | |  | | | | | | | | |
| Type | | Insurer | Policy n° | | Expiry | | | Limits – Amounts of Insurance | | |
| Commercial General Liability | | Markel Canada | CAS821541-02 | | June 1, 2024  to  June 1, 2025 | | | $5,000,000 (Can.) | | Per occurrence |

**# of days for cancellation notice (if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ADDITIONAL INSURED (LEGAL NAME):** |  | **if additional list attached, please check** **☐** |  |
| **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 request form has been approved by:**

|  |
| --- |
| **Laurie McQuaid – Executive Director** |