## c/o Lauren Koster: [lauren@ringettealberta.com](mailto:lauren@ringettealberta.com)

#### CERTIFICATE OF INSURANCE REQUEST FORM

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

|  |  |
| --- | --- |
| **This is to certify to:**  **(Name of entity requesting proof of insurance)** | Insert |
| **Address:** | Insert |

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 ALBERTA | | | | | | |
|  | Percy Page Centre, 3rd Floor, 11759 Groat Road, Edmonton, Alberta T5M 3K6 | | | | | | |
|  |  | | | | | | |
| **and Name of Team /Club/Assoc.:** | | | Insert your association | | | | |
| **Name of Contact:** | | | Insert contact from association | **Tel. No.:** | ( Insert ) | **Web Site** | Insert association webpage |
| **Description of Event(s):** | | Insert – example – Ice Rental -Practice and Games | | | | | |
| **Location:** | | Insert address of facility/ies | | | | | |
| **Date(s):** | | Insert event run dates, or 2024-2025 | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type | Insurer | Policy n° | Policy Period | 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.** | If required by contract - Name 1 | **4.** | Name #4, if any |  |
| **2.** | Name #2, if any | **5.** | Name #5, if any |  |
| **3.** | Name #3, if any | **6.** | Name #6, if any |  |
| **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:** Insert your name

|  |
| --- |
| Branch Executive |