**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)** | **Name of entity requesting** |
| --- | --- |
| **Address:** | **address of name of entity requesting** |

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.:** | | | **Your association** | | | | | |
| **Name of Contact:** | | | **Name of board member** | **Tel. No.:** | (  ) | **Web Site** | |  |
| **Description of Event(s):** | | **Describe event/activities** | | | | | | |
| **Location:** | | **Address of location of event** | | | | | | |
| **Date(s):** | | **Date of event** | | | | | | |

| Type | Insurer | Policy n° | Policy Period | Limits – Amounts of Insurance | |
| --- | --- | --- | --- | --- | --- |
| Commercial General Liability | Markel Canada | CAS821541-03 | June 1, 2025  to  June 1, 2026 | $5,000,000 (Can.) | Per occurrence |

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

|  | **ADDITIONAL INSURED (LEGAL NAME):** |  | **if additional list attached, please check** **☐** |  |
| --- | --- | --- | --- | --- |
| **1.** | Name of entity requesting | **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: Please return in WORD DOC - so I can sign once completed**

| **Lauren Koster, Branch Executive** |
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