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## 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) \_\_\_\_\_

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

that the following described policy(ies) or binder(s) in force at this date have been affected 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 ONTARIO**

2-157C Harwood Ave. North, PMB# 228, Ajax, ON. L1Z0B6

and Name of Team /Club/Assoc.: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Tel. No.: ( ) \_\_\_\_\_

Web

Site.: \_\_\_\_\_

Description of Event(s): \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Type	Insurer	Policy n°	Policy Period	Limits – Amounts of Insurance (Canadian Funds)
Commercial General Liability	HDI Global Specialty SE Canadian Branch	CC0811926000	June 1, 2026 to June 1, 2027	\$10,000,000 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: \_\_\_\_\_

KARLA XAVIER, EXECUTIVE DIRECTOR