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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
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: _____

KARLA XAVIER, EXECUTIVE DIRECTOR