



Certificate of Insurance Request- Sask Sport

Date: _____

Requested by: _____

Name and address of PSO:	SOFTBALL SASKATCHEWAN 2205 VICTORIA AVE REGINA SK S4P 0S4		
Certificate Holder Name and Address: (This is the 3rd Party requesting the Certificate for proof of insurance (ex. venue, club, city))			
Details of what Certificate is required for: (Re: line on Certificate)			
Limits and Coverages required:	Check the box if coverage is required.		
	Commercial General Liability	<input type="checkbox"/>	\$_____ (advise Limit required)
	Auto	<input type="checkbox"/>	\$_____ (advise limit required)
	Umbrella Liability	<input type="checkbox"/>	\$_____ (advise limit required)
	Property	<input type="checkbox"/>	\$_____ (advise limit required)
	Professional Liability	<input type="checkbox"/>	\$_____ (advise limit required)
	Other coverages required:		
	_____	<input type="checkbox"/>	\$_____
_____	<input type="checkbox"/>	\$_____	
_____	<input type="checkbox"/>	\$_____	
Additional Insured or Loss Payable? <ul style="list-style-type: none">- Provide all names required to be shown- Additional Insured – for Liability- Loss Payable – for Property			
Any other requirements on the contract: <ul style="list-style-type: none">- 30 Days Notice of Cancellation?- Waiver of Subrogation? (You can forward us a copy of the Certificate requirements from the contract for us to review)	1.		
	2.		
	3.		
	4.		

Please return signed and completed form to:
Jacqueline Eiwanger
Email: jac@softball.sk.ca