

Sask Sport Group Insurance

Request for Certificate of Insurance

Name of Provincial Sport Governing Body:

Who is requesting the Certificate of Insurance?

What is the event? _____

Date the Event is being held _____

Is there an Additional Insured requirement?

If so, provide the complete name and address including the postal code:

Where does the Certificate need to be sent?

E-mail Address _____

Fax Number _____

Contact Name _____

Please return signed and completed form

to: Softball Saskatchewan

Fax: 306-780-9483

Email: info@softball.sk.ca

2205 Victoria Ave., Regina SK. S4P 0S4