C/O Mike Beaton; Ontario Ringette Association, 3 Concorde Gate, Suite 207, Toronto, Ontario M3C 3N7
T: (416) 426-7204 F: (416) 426-7359 email: ed@ontario-ringette.com

CERTIFICATE OF INSURANCE REQUEST FORM

BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY YOUR PROVINCIAL ASS.
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 effected to cover as shown below:

Name of Insured: **RINGETTE CANADA**
5510 Canotek Road, Suite 201, Gloucester, Ontario, K1J 9J4

and: **ONTARIO RINGETTE ASSOCIATION**
3 Concorde Gate, Suite 207, Toronto, Ontario M3C 3N7

and:

Name of Team /Club/Assoc.:
Name of Contact: **Tel. No.:** (   )   **Fax No.:** (   )
Web site:
Description of Event(s):
LOCATION:
Date(s):

Type	Insurer	Policy n°	Policy Period	Limits – Amounts of Insurance	
Commercial General Liability	Effected with certain Lloyd's Underwriters Under contract B113516CPBA1425	14250035	September 15th, 2016 to September 15th, 2017	$5,000,000 (Can.)	Per occurrence
Directors & Officers	GCNA Insurance	120634	September 15th, 2016 to September 15th, 2017	$2,000,000 (Can.) $3,000,000 (Can.)	Per occurrence Aggregate per year

# 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:

MIKE BEATON – EXECUTIVE DIRECTOR