

CLUB/TEAM/ASSOCIATION Certificate of Insurance Request Process

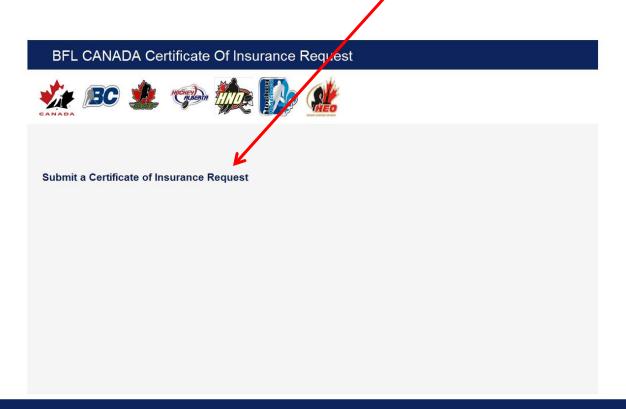
CLUB/TEAM/ASSOCIATION clicks on their branch's URL link Once the COI Request is submitted, the BRANCH will approve it and then BFL will issue the COI.

Once issued, the certificate will be sent to the BRANCH who will forward it to the CLUB/TEAM/ASSOCIATION The process can take up to 5 business days.

CLICK ON <u>« Submit a Certificate of Insurance Request »</u>

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BFL CANADA Certificate Of Insurance Request











Sports Home

Contact: (required)
Phone: (required)
Email: (required)
Certificate Language
Association:
Club:
Certify To: (required)
Address:

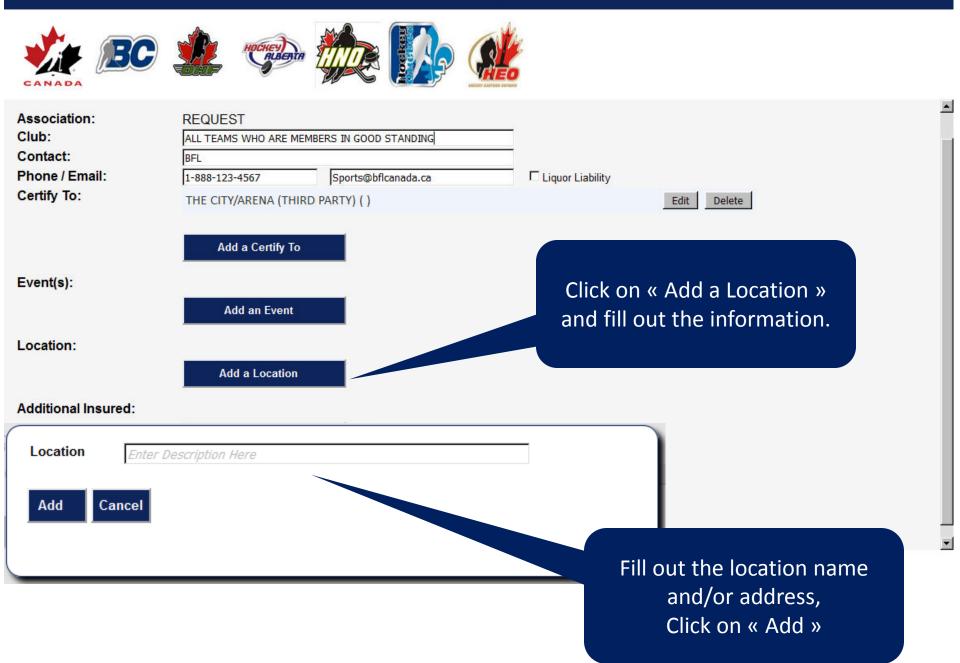
1-888-123-4567 Sports@bflcanada.ca English ▼ REQUEST THE CITY/ARENA (THIRD PARTY) Street 1 Street 2 City Province ▼ POSTAL CD	BFL	
English	1-888-123-4567	
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Street 1 Street 2 City Province Province POSTAL CD		
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Liquor Liability	Province POSTA	AL CD
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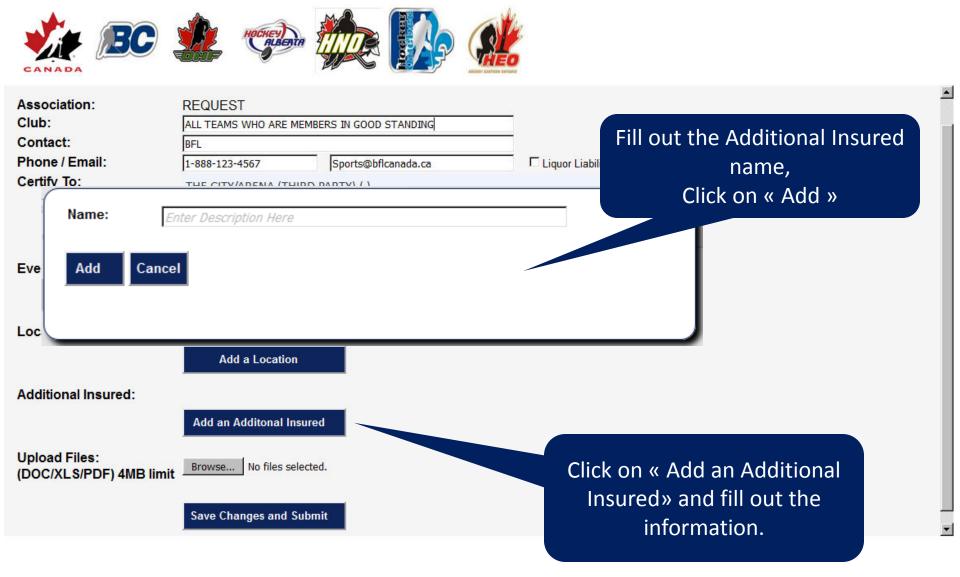
The contact information is to reach the « requester » in case we have questions before issuing the COI



Association:	REQUEST		
Club:	ALL TEAMS WHO ARE MEN	IBERS IN GOOD STANDING	
Contact:	BFL		
Phone / Email:	1-888-123-4567	Sports@bflcanada.ca	Liquor Liability
Certify To:	THE CITY/ARENA (THIR	D PARTY) ()	Edit Delete
	Add a Certify To		The « Certify to » area is already filled in. You can
Event(s):			EDIT or DELETE if needed.
	Add an Event		
			If you want to add another
Location:			one, click on « Add a
	Add a Location		Certify To »
Additional Insured:			
	Add an Additonal Insu	red	
Upload Files: (DOC/XLS/PDF) 4MB limit	Browse No files selec	ted.	
	Save Changes and Sub	omit	

CAN	BC		
Assoc Club: Contae Phone Certify	ot: / Email:	REQUEST ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING BFL 1-888-123-4567 Sports@bflcanada.ca THE CITY/ARENA (THIRD PARTY) ()	Liquor Liability
Event(Add a Certify To Add an Event	Click on « Add an Event » and fill out the information.
Addii	Type: EVE Description: DRY	ENT CLAND / FLOOR HOCKEY OTHER event description is selected, enter it here.	
Uplo (DOC	(IIIII/dd/yyyy)	27/2016	Choose a « Description » from the drop down menu
			Select dates by clicking on the calendar icon, Click on « Add »







Association: Club:	REQUEST ALL TEAMS WHO ARE MEM	REQUEST ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING		
Contact: Phone / Email: Certify To:	BFL 1-888-123-4567	Sports@bflcanada.ca	Liquor Liability	
contrary to:	THE CITY/ARENA (THIRE Add a Certify To) PARTY) ()		Edit Delete
Event(s):				
Location:	Add an Event			ich a contract or any your request, you can
	Add a Location		by clicking on « Brov	vse » and choose your
Additional Insured:	Add an Additonal Insur	ed		ar documents. anges and Submit »
Upload Files: (DOC/XLS/PDF) 4MB li	mit Browse No files select	ted.		
	Save Changes and Sub	mit		