



CERTIFICATE OF INSURANCE REQUEST FORM

FIELDS WITH AN ASTERISK (*) MUST BE FILLED IN AT ALL TIMES

* **This is to certify to:** (name of facility/ school board/city requesting a certificate – **NOT the team's name**)

* **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: HOCKEY CANADA, 201-151 Canada Olympic Road S.W, Calgary AB T3B 6B7

* **Name of Branch/Section:**

* **Name of Association:**

* **Name of Team:**

* **Name of Contact:**

Phone

Number:

E-mail:

* **Description of Event(s):**

* **Location of the event(s):**

* **Date(s):**

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Certain Underwriters at Lloyd's in respect of Syndicate 2003	SPRGL2402118	June 30, 2026 to June 30, 2027	\$5,000,000 per occurrence
Please check if Liquor Liability is required ☐		# of days for cancellation notice (if required) ☐		

Please include a copy of your lease agreement.

- ☐ Please check if a copy of the lease agreement is attached
☐ Please check if additional list attached

* **ADDITIONAL INSURED: (if required)**

- | | |
|----------|----------|
| 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's request form has been approved by: _____

Executive Director or representative