

CERTIFICATE OF INSURANCE REQUEST FORM (FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIMES)

* This is to certify to

*Name	Vancouver School Board (please note: Do NOT put the name of your club here)
*Full Address (Inc Postal Code):	123 Any Street, Vancouver, V6Z 1S2

Please print name and address of school board/city/ facility owner requesting a certificate

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: FOOTBALL CANADA, 825 Exhibition Way, Suite 205 Ottawa ON K1S 5J3

Name of Insured: BRITISH COLUMBIA PROVINCIAL FOOTBALL ASSOCIATION

* Name of Club, League or Member:	XYZ Minor Football Association		
* Name of Team (if applicable)			
Name of Contact:	Sue Smith	Phone #:	778-999-9999
		E-mail:	sue@anyemail.com
*Description of event(s) e.g. training & games:	Games and training		
* Name of Location (e.g. ABC Park)	All fields and facilities operated by the Vancouver School Board		
* Address (e.g.123 Any Street, Any Town, BC)			
* Date(s):	All Dates in 2021		

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Markel Canada under Certain Lloyd's Underwriters under Contract MKL2020001	CAS588338-01	January 1 st , 2021 To January 1 st , 2022	\$5,000,000 Per occurrence

Please include a copy of your lease agreement.	<input type="checkbox"/> Please check if a copy of the lease agreement is attached
	<input type="checkbox"/> Please check if additional list attached
* ADDITIONAL INSURED (attach addition list if needed):	
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.	

Signature of Person Requesting the Certificate: _____

Name of Person Requesting the Certificate (PRINT): _____

Role of Person Requesting the Certificate (e.g. Director): _____

 Date of Signing: _____
 DD/MM/YYYY

 This Club/League is in Good Standing: _____
 Signed on behalf of the BCCFA

Name of BCCFA Representative (PRINT): _____

Role of BCCFA Representative (e.g. Director): _____

 Date of Signing: _____
 DD/MM/YYYY

 This certificate's request form has been approved by: _____
 Executive Director, BCPFA

 Date of Signing: _____
 DD/MM/YYYY