

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

* This is to certify to

*Name	
	<i>Please print name of facility/ school board/city requesting a certificate</i>

* Address:	
	<i>Please print address of facility/ school board/city requesting a certificate</i>

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**, House of Sport - RA Centre, 2451 Riverside Dr., Ottawa, ON K1H 7X7

Name of Insured: **BRITISH COLUMBIA PROVINCIAL FOOTBALL ASSOCIATION**

* Name of Club, League or Member:	
* Name of Team (if applicable)	
Name of Contact:	Phone #:
	E-mail:
*Description of event(s) e.g. training and games:	
* Name of Location (e.g. ABC Park)	
* Address (e.g.123 Any Street, Any Town, BC)	
* Date(s):	

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Markel Canada	CAS782181-01	January 1 st , 2023 To January 1 st , 2024	\$5,000,000 Per occurrence

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

Date of Signing: _____
DD/MM/YYYY