Certificate of Insurance Request Process for Clubs and Leagues



Please review all the slides in this guide prior to commencing your request for a certificate of insurance

- Step 1: Go to https://sportscert.bflcanada.ca/?BRANCH=FBC
- Step 2: Click on the link: Submit a Certificate of Insurance Request
- Step 3: Enter the requested contact information and your "additional insured" in the "CERTIFY TO" field (i.e. the facility operator, school board, city, town etc.)
- Step 4: Click Next
- Step 5: Add your additional details: Add an Event Add a Location Add Additional Insured
- Step 6: Click "Save Changes and Submit"



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Fill out the fields and CILCK ON <u>« NEXT »</u>

BFL CANADA Certificate Of Insurance Request

Sports Home		
Contact: (required)	BFL	The contact in
Email: (required)	Sports@bflcanada.ca	to reach the «
Certificate Language: Association:	English REQUEST	in case we hav
Club:		before issuir
Address:	THE CITY/ARENA (THIRD PARTY) Street 1 Street 2 City Province Image: City contract of the strength of the	

formation is requester » ve questions ng the COI

BFL CANADA Certificate Of Insurance Request



Assoc Club: Conta Phone Certify	iation: ct: e / Email: / To:	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(Locati	(s): on:	Add a Certify To Add an Event	Click on « Add an Event » and fill out the information.
Addii Uplo (DOC	Type: EVEN Description: DRYL // () Start Dt: 08/27 End Dt: 09/20	AND / FLOOR HOCKEY OTHER event description is selected, enter it here. 7/2016	
	(mm/dd/yyyy) ^{[08/28} Add Cancel	5/2016 IIII	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 MEMBERS IN GOOD STANDING			
Contact: Phone / Email:	BFL 1-888-123-4567	Sports@bflcanada.ca	Liquor Liability	
Certify To:	THE CITY/ARENA (THIRD	PARTY)()	Edit Delete	
	Add a Certify To			
Event(s):	Add an Event		Click on « Add a Location »	
Location:	Add a Location		and fill out the information.	
Additional Insured:		_		
Location Enter D	escription Here			
Add Cancel				
			Fill out the location name	
			and/or address, Click on « Add »	

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