



# CERTIFICATE OF INSURANCE REQUEST FORM

Please allow 7-10 business days for processing.

This is to certify to: \_\_\_\_\_  
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**  
801 King Edward Avenue, N204, Ottawa, Ontario K1N 6N5

Name of Insured: **BRITISH COLUMBIA AMATEUR HOCKEY ASSOCIATION**  
6671 Oldfield Road, Saanichton, B.C. V8M 2A1

Name of Team / Association \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Description of Event(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

TYPE	INSURER	POLICY N°	EXPIRY	LIMIT(S)   AMOUNTS OF INSURANCE
Commercial Liability Insurance	Commerce & Industry Insurance Company	0511578	September 1 <sup>st</sup> , 2011	\$_,000,000 (Cdn) General Liability Insurance


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 IF THE LEASE AGREEMENT IS ATTACHED

*ADDITIONAL INSURED:*  PLEASE CHECK IF ADDITIONAL LIST ATTACHED

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 has been approved by:   
Executive Director  
**BC HOCKEY**  
Branch

