



Certificate of Insurance Request Form

Not to be used for any League 1 clubs/activities.

CLUB INFORMATION					
Club Name:					
Contact Person:					
Position:					
Email Address:					
THIRD PARTY/CERTIFICATE INFORMATION					
Name:					
Address:					
City:		Prov:		Postal Code:	
Contact Name:		Email:			
Reason for Certificate of Insurance (ie: indoor/outdoor field time, registration booths, banquet/awards evening, etc.)					
INSTRUCTIONS					
Club: 1. Complete all sections of this form and forward to your District Association for approval					
District Association: 1. Ensure all sections are correctly completed by the Club 2. Email this form to HUB International (osainsurance@hubinternational.com)					