



# CERTIFICATE OF INSURANCE REQUEST FORM

Please return the completed form to Rebecca Charette at [comm@odha.com](mailto:comm@odha.com) or (613) 224-6079 within 72 hours of the event.

## FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIME

Please allow 7-10 business days for processing.

**\* This is to certify to:**

(Name of the organization requesting a proof of insurance)

\_\_\_\_\_

**\* Address:**

\_\_\_\_\_

\_\_\_\_\_

Name of Insured:

**HOCKEY CANADA**

801 King Edward Avenue, N204, Ottawa ON K1N 6N5

Name of Insured:

**OTTAWA DISTRICT HOCKEY ASSOCIATION**

1247 Kilborn Place, Suite D300, Ottawa ON K1H 6K9

**\* Name of Team / Association:**

\_\_\_\_\_

Name of Contact:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

**\* Description of Event(s):**

\_\_\_\_\_

**\* Location of the event(s):**

(name and address)

\_\_\_\_\_

**\* Date(s):**

\_\_\_\_\_

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Chartis Insurance company of Canada	0511578	September 1 <sup>st</sup> , 2010 to September 1 <sup>st</sup> , 2011	\$2,000,000 General Liability Insurance
				_____ # of days for cancellation notice (if required)

Please include a copy of your lease agreement.	<input type="checkbox"/> Please check if a copy if the lease agreement is attached
	<input type="checkbox"/> Please check if additional list attached

**\* ADDITIONAL INSURED:**

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:

\_\_\_\_\_

Branch Executive Director or representative