



BFL CANADA Risques et assurance inc.
 BFL CANADA Risk & insurance Inc.
 BFL CANADA Insurance Services Inc.
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 c/o 2001 McGill College Avenue, # 2200
 Montréal QC H3A 1G1
 Tel.: 514 843-3632
 1-800-465-2842

Ontario Ringette Association, 305 Milner Avenue, Suite 912 Scarborough, ON M1B 3V4
 T: (416) 426-7205 Email: executivedirector@ontario-ringette.com

CERTIFICATE OF INSURANCE REQUEST FORM

BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY YOUR PROVINCIAL ASSOC.

This is to certify to:

(Name of entity requesting proof of insurance) _____

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: RINGETTE CANADA
 c/o House of Sport, RA Centre, 2451 Riverside Drive, Ottawa, ON K1H 7X7

and: ONTARIO RINGETTE ASSOCIATION
 305 Milner Avenue, Suite 912, Scarborough, ON M1B 3V4

and: _____

Name of Team /Club/Assoc.: _____

Name of Contact: _____ **Tel. No.:** () _____ **Fax No.:** () _____

Web site: _____

Description of Event(s): _____

LOCATION: _____

Date(s): _____

Type	Insurer	Policy n°	Policy Period	Limits – Amounts of Insurance
Commercial General Liability	Effected with certain Lloyd's Underwriters Under contract B113516CPBA1425	SPO00083	September 15 th , 2018 to September 15 th , 2019	\$5,000,000 (Can.) Per occurrence
Directors & Officers	Intact Assurance / Intact Insurance	373-7947	September 15 th , 2018 to September 15 th , 2019	\$3,000,000 (Can.) Per occurrence \$6,000,000 (Can.) Aggregate per year

of days for cancellation notice (if required)

ADDITIONAL INSURED (LEGAL NAME):	IF ADDITIONAL LIST ATTACHED, PLEASE CHECK <input type="checkbox"/>
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
<p>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.</p>	

This certificate request form has been approved by: _____

PAM JULIAN, EXECUTIVE DIRECTOR