



BFL CANADA Risques et assurance inc.  
 BFL CANADA Risk & insurance Inc.  
 BFL CANADA Insurance Services Inc.  
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 Montréal QC H3A 1G1  
 Tel.: 514 843-3632  
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Ringette Ontario; 305 Milner Avenue, Suite 912 Scarborough, ON M1B 3V4 Email: [executivedirector@ringetteontario.com](mailto:executivedirector@ringetteontario.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:** RINGETTE ONTARIO  
 305 Milner Avenue, Suite 912, Scarborough, Ontario 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 19B01425	SPO00083	September 15 <sup>th</sup> , 2019 to September 15 <sup>th</sup> , 2020	\$5,000,000 (Can.)	Per occurrence
Directors & Officers	Intact Assurance / Intact Insurance	373-7947	September 15 <sup>th</sup> , 2019 to September 15 <sup>th</sup> , 2020	\$3,000,000 (Can.)	Per occurrence
				\$6,000,000 (Can.)	Aggregate per year

# of days for cancellation notice (if required)

<b>ADDITIONAL INSURED (LEGAL NAME):</b>	<b>IF ADDITIONAL LIST ATTACHED, PLEASE CHECK</b> <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