



Certificate of Insurance Request Form

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 HKMB (osainsurance@hubinternational.com) with a copy to the OSA (insurance@soccer.on.ca)					