



## 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:			
<b>Reason for Certificate of Insurance</b> (ie: indoor/outdoor field time, registration booths, banquet/awards evening, etc.)					
INSTRUCTIONS					
<b>Club:</b> 1. Complete all sections of this form and forward to your District Association for approval					
<b>District Association:</b> 1. Ensure all sections are correctly completed by the Club 2. Email this form to HUB International HKMB ( <a href="mailto:osainsurance@hubinternational.com">osainsurance@hubinternational.com</a> ) with a copy to the OSA ( <a href="mailto:insurance@soccer.on.ca">insurance@soccer.on.ca</a> )					