CERTIFICATE REQUEST FORM

Please submit this form to Sierra Hum at [sierra.hum@badmintonontario.ca](mailto:sierra.hum@badmintonontario.ca) to formally request your certificate of insurance

|  |  |
| --- | --- |
| **Name of Insured**  **Address of Insured:** | Badminton Ontario  12 Concorde Place, Suite 103  Toronto, ON M3C 3R8 |
| **Member Club:**  **Address of Insured:** |  |
| **Certificate Holder:**  **Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured: (i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities/ Not an insured member)** |  |
| **Description of Operations/Event:**  **Location of Operations:** |  |
| **Date of Event (if applicable):** |  |
| **Date Certificate Requested:** |  |
| **Certificate to be forwarded to:**  **Please include the following;**   1. **Contact Name** 2. **Email Address or Fax #** 3. **Mailing Address if Certificate is to be mailed** | Badminton Ontario  [sierra.hum@badmintonontario.ca](mailto:sierra.hum@badmintonontario.ca) AND  [info@badmintonontario.ca](mailto:info@badmintonontario.ca) |
| **Name & Address of Additional Insured’s (if any) example – Municipalities, Government Departments, Sponsors, Owners of Facilities** |  |

To be faxed/emailed to AJ Gallagher Canada, Ltd.

Sports Administrator

Sports & Recreation Department

Email: [IBAM.StoneyCreek.Sports@ajg.com](mailto:IBAM.StoneyCreek.Sports@ajg.com)

Fax: 905-643-8321

Please complete the following and forward to our office & a certificate will be issued within 24 hours.