CERTIFICATE REQUEST FORM

Please submit this form to Sierra Hum at sierra.hum@badmintonontario.ca to formally request your certificate of insurance

|  |  |
| --- | --- |
| **Name of Insured****Address of Insured:** | Badminton Ontario12 Concorde Place, Suite 103Toronto, 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 Ontariosierra.hum@badmintonontario.ca ANDinfo@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

Fax: 905-643-8321

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