



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 Ontario 1 Concorde Gate - Suite 200A Toronto, ON M3C 3N6
Member Club: Address of Insured:	<i>[Club Name & Address]</i>
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)	<i>[School board, municipality, or club/facility + address; usually same as Additional Insured]</i>
Description of Operations/Event: Location of Operations:	<i>Insured activities include training, tournaments & competitions, exhibition games, demonstrations, or other sport-related activities (for badminton and pickleball).</i> <i>Please list all club locations + address</i>
Date of Event (if applicable):	<i>September 1, 2023 to August 31, 2024 unless otherwise event specific</i>
Date Certificate Requested:	<i>[Date]</i>
Certificate to be forwarded to: Please include the following; a) Contact Name b) Email Address or Fax # c) Mailing Address if Certificate is to be mailed	Badminton Ontario sierra.hum@badmintonontario.ca AND info@badmintonontario.ca
Name & Address of Additional Insured's (if any) example – Municipalities, Government Departments, Sponsors, Owners of Facilities	<i>[School board, facility/facilities, municipality, government entity, etc.]</i>

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.