3FL Tanada

Ringette Ontario; 305 Milner Avenue, Suite 912 Scarborough, ON M1B 3V4 Email: executivedirector@ringetteontario.com

CERTIFICATE OF INSURANCE REQUEST FORM

BFL CANADA WILL I This is to certify to: (Name of entity requ	SSUE THE CERTIFICA		JEST FORM IS RECEIVED		AL ASSOC.	
Address:						
that the following desc	ribed policy(ies) or binde	er(s) in force at this da	te have been effected to co	over as shown below:		
Name of Insured: RINGETTE CAN c/o House of Spo		NADA port, RA Centre, 2451 Riverside Drive, Ottawa, ON K1H 7X7				
and:		RINGETTE ONTARIO 305 Milner Avenue, Suite 912, Scarborough, Ontario M1B 3V4				
and Name of Team /C Name of Contact:			Tel. No.: _()		
Description of Event LOCATION: Date(s):	-	b site:				
Туре	Insurer	Policy n°	Policy Period	Limits – Amour	nts of Insurance	
Commercial General Liability	Markel Canada	CAS682501-01	September 15 th , 2021 to September 15 th , 2022	\$5,000,000 (Can.)	Per occurrence	
Directors & Officers	Markel Canada	PFR547648-02	September 15 th , 2021 to September 15 th , 2022	\$3,000,000 (Can.) \$6,000,000 (Can.)	Per occurrence Aggregate per year	
				t of days for cancellati		
ADDITIONA	AL INSURED (LEG	AL NAME):	IF ADDITIONAL LI	ST ATTACHED, PLEASE C	HECK	
1.			4.			
2.			5.			
3.			6.			
INSURED DESCRIBED A		APPLIES TO THE MEMBE	SURED BUT ONLY WITH RESP ERS AND AUTHORIZED PERSO	ONNEL OF THE INSURED W	-	

This certificate request form has been approved by:

PAM JULIAN, EXECUTIVE DIRECTOR