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***Certificate of Insurance Request Form***

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**Club Information**

**Club Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

Click or tap here to enter text.

**Club Contact Person:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

**Venue Requesting Proof of Insurance**

**Name: (Venue, Hall, City etc)** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

Click or tap here to enter text.

**Date(s) of the Event:** Click or tap here to enter text.

**Reason for Certificate of Insurance: (e.g. indoor/outdoor event, trade show, banquet event, meeting, etc.):**  *also include length of event (e.g. day(s) of event, once a month, annual, etc.)*

Click or tap here to enter text.

1. **CLUB:** Please complete all sections of this form and forward it to: Shawn LaPalm: shawn\_lapalm@cooperators.ca or (fax ) 705-745-2255
2. The Co-operators will email or fax the certificate back to the CLUB contact and cc the Provincial Organization. If you have any questions, please call Shawn LaPalm at 1-888-712-2667