

JFAO

Certificate of Insurance Request Form

Club Information

Club Name: _____

Address: _____

Club Contact Person: _____

Position: _____

Email Address: _____

Phone: _____

Venue Requesting Proof of Insurance

Name: (Venue, Hall, City etc) _____

Address: _____

Date(s) of the Event: _____

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.)*

1. **Society:** 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 society contact and cc the Provincial Organization. If you have any questions, please call Shawn LaPalm at 1-888-712-2667