

JFAO
Certificate of Insurance Request Form

Club Name: _____

Address: _____

Club Contact Person: _____

Position: _____

Email Address: _____

Phone: _____

Event: _____

Name of Third Party requesting a certificate: _____

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. Please complete all sections of this form and forward it to: Dean Ribey by emailing dean_ribey@cooperators.ca

2. The Co-operators will email the certificate back to the society contact. If you have any questions, please call Ribey Insurance at 519-881-4788 or email dean_ribey@cooperators.ca