



INSURANCE REQUEST FORM BC SCHOOL SPORTS

Please complete the following questionnaire (be specific). If your Commission requires Insurance for more than one Facility AND it can be combined on one Certificate, include all on this sheet. If a separate Certificate is require please fill out a separate sheet. When done, forward to BC SCHOOL SPORTS at the number listed below.

1. The Sport Commission's full name:

2. The level of play (important), ie; Championship Or Zone Qualifiers:

3. Dates of Events:

4. The exact name as required to be insured:

5. The exact address/name of the land/facility to be used (Insured), Not necessarily the corporate offices:

6. The dollar amount required * _____

7. Whether it's to be "Added as Additional Insured" or "Notified of coverage": _____

8. Whether or not they need a copy (if so, list fax numbers so the certificate can be faxed directly to any interested parties) : _____

INTERESTED PARTY

ATTN: TO

FAX NUMBER

c/o 20800 Lougheed Hwy, PO Box 97, Maple Ridge, BC V2X 7E9

TEL: 604-477-1488: FAX: 604-477-1484

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