



Proof of Insurance Request Form

Submission Details: Please type directly into the form and complete all required fields, save and email to info@bcschoolsports.ca with the subject: Proof of Insurance Request.

IMPORTANT NOTES

THERE MAY BE AN ADDITIONAL COST FOR INSURANCE LIABILITY REQUESTS IN EXCESS OF \$5,000,000. IT IS TO ENSURE REQUESTS FOR INSURANCE, IF REQUIRED FOR THE FACILITIES FOR ZONE QUALIFIERS AND CHAMPIONSHIP PLAY, ARE SUBMITTED AT LEAST SEVEN (7) DAYS PRIOR TO THE DATE OF THE EVENT.

Contact Information

Name: _____

Email: _____

Phone: _____ - _____ - _____

Event Information

Zone's Full Legal Name: _____

Level of Play: _____

Zone: _____

Date(s) of Event: _____

Estimated Number of Athletes Attending: _____

Estimated Number of Coaches Attending: _____

Estimated Number of Spectators Attending: _____

Facility Agreement Information

This should all be information directly from your facility agreement. Make sure all fields are exactly as they are in the facility agreement.

Legal Name that is Requesting Proof of Insurance: _____

Land/Facility to be Insured (used):

Name of Land/Facility: _____

Address: _____

City, Province, Postal Code: _____

Dollar Amount Required: _____

Type of Insurance Certificate Required: Notified of Coverage Added as Additional Insured

Contract Number (if provided): _____

Copy for Facility: Yes No

Organization Name: _____

Attention/Contact Name: _____

Email: _____

If more than one copy is required, please leave details in Additional Information.

Additional Information:

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