|  |  |  |  |
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|  |  | Dion Insurance Program Ma 1935 Silicone Drive Pickering, ON L1W 3V7 | nagement Insurance and risk management services provided for: |
| **Third Party Certificate Request Form** |
| Name of Association (Insured) |
| **INFORMATION REQURIED FOR ISSUING THE CERTIFICATE** |
| 1. | Name of Event / Activity / Program |  |  |
| 2. | Location Name of Venue or Third Party requesting the Certificate |  |
| 3. | Address of Venue or Third Party requesting the Certificate |  |
|  | City | Province | Postal Code |
|  | Additional Insured(s) (if applicable): |  |  |
| 4. | Date of Event (mm/dd/yyyy) |  |  |
| 5. | Please provide brief description of Event / Activities / Program: (For example, Conference, Booth at event, Annual General Meetings, Raffles, Golf Day, Sponsored Walks and so forth?) |
| 6. | No. of attendees / participants at this event |  |  |
| 7. | Are you organizing or attending event? |  |  |
| 8. | Is there alcohol involved? Yes No |  |  |
|  | (a) minimal |  |  |
|  | (b) cash bar?, or |  |  |
| (c) If alcohol served, confirm it will be served by venue & their staff Yes No |
| **EVENTS TO BE REFERRED TO INSURER** |
| * Hockey, soccer, football, basketball, baseball, marathons, Horseback riding, Spa days, whitewater rafting, bungee jumping and so forth.
* Events involving supervision of children.
* Events where alcohol is being service by your association
* Meetings / Trade Shows / Conferences hosted by Association taking place ***outside*** of Canada.
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