



## Third Party Certificate Request Form

Name of Association (Insured)

### INFORMATION REQUIRED 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
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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.