Requests for Certificates of Insurance

2016-17 OFA Season

Please return to Laurence Bishop via email: [l.bishop@fencingontario.ca](mailto:l.bishop@fencingontario.ca)

1. **Please complete this section for Proof of Insurance Only**

|  |  |
| --- | --- |
| **Name of Insured:** |  |
| **Company/Organization requesting Certificate:** |  |
| **Description of Operations:** |  |
| **Date of event (if applicable):** |  |
| **Date Requested:** |  |
| **Certificate to be forwarded to:** |  |

1. **Please complete this section for Proof of Insurance & Request for Additional Insureds**

|  |  |
| --- | --- |
| **Name of Insured:** | **Ontario Fencing Association** |
| **Company/Organization requesting Certificate:** |  |
| **Company/Organization**  **Requesting to be Added as**  **Additional Insured:** |  |
| **Description of Operations:** |  |
| **Date of event (if applicable):** |  |
| **Date Requested:** |  |
| **Certificate to be emailed**  **forwarded to:** |  |