Requests for Certificates of Insurance

2016-17 OFA Season

Please return to Laurence Bishop via email: 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:** |  |