

ALLSPORT Insurance Marketing Ltd.

c/o CanoeKayak BC Attention: Mary Jane Abbott
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CERTIFICATE OF INSURANCE REQUEST FORM

This is to certify to: _____
(Business Name of entity requesting proof of insurance)

Address: _____

Contact Name: _____ Contact Phone: _____ Fax Number: _____

That the following described policy in force at this date has been effected to cover as shown below:

Name of Insured: CANOEKAYAK BC

Name of Club making the request: _____

Name of Contact: _____ Tel #: _____ Fax #: _____

Description of Event(s): _____

Date(s): _____

REQUESTS MUST BE SUBMITTED TO THE CKBC OFFICE AT LEAST 7 DAYS PRIOR TO THE START OF THE EVENT

TYPE	INSURER	POLICY NO	EXPIRY	LIMIT(S)/AMOUNTS OF INSURANCE
Commercial Liability Insurance	Aviva Insurance Company of Canada	AS3081	October 15 th , 2011	\$5,000,000 General Liability Insurance **DEDUCTIBLE \$500.00

PLEASE INCLUDE A COPY OF THE LEASE AGREEMENT/CONTRACT IF ANY

ADDITIONAL INSURED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT SOLEY WITH RESPECT TO THE LIABILITY WHICH ARISES OUT OF THE ACTIVITIES OF THE NAMED INSURED. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.

This certificate has been approved by: _____
AUTHORIZED REPRESENTATIVE – CANOEKAYAK BC CLUB

This certificate has been approved by: _____
AUTHORIZED REPRESENTATIVE – CANOEKAYAK BC