



2200 - 2001 McGill College Avenue Montreal, QC H3A1G1  
 T. (514) 843-3632 | 1 (800) 465-2842 | F. (514) 843-3842



**CERTIFICATE OF INSURANCE  
 REQUEST FORM.**

**This is to certify to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured: **PROFESSIONAL GOLFERS ASSOCIATION OF CANADA AND / OR ITS PROVINCIAL ZONES AND /OR ITS MEMBERS AND APPRENTICE PROFESSIONAL**

**Name of Member:** \_\_\_\_\_

**Membership #** \_\_\_\_\_

**Reference** \_\_\_\_\_

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Comprehensive General Liability	Markel	CAS567018-02	December 31, 2020 to December 31, 2021	\$5,000,000 per occurrence

Please include a copy of your lease agreement.	Please check if a copy of the lease agreement is attached Please check if additional list attached
<b>* <i>ADDITIONAL INSURED</i> (if required)</b>	
1. _____	3. _____
2. _____	4. _____
<p><b>THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. 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.</b></p>	