



2001, avenue McGill College, bureau 2200, Montréal QC H3A 1G1
 T. 514-843-3632 | 1-800-465-2842 F. 514-843-3842



CERTIFICATE OF INSURANCE REQUEST FORM

This is to certify to:

(name of the organization requesting the certificate)

Address :

**PROFESSIONAL GOLFERS ASSOCIATION OF CANADA AND / OR ITS
 PROVINCIAL ZONES AND /OR ITS MEMBERS AND APPRENTICE
 PROFESSIONAL**

Named insured :

13450 Dublin Line, Acton, ON L7J 2W7

Address :

Name of Member:

Membership #:

Reference :

Type of insurance	Insurer	Policy n°	Policy Period	Limits of Insurance (Canadian Funds)
General Liability	Everest Insurance Company of Canada	E2SA008399	December 31, 2023 To December 31, 2024	\$5,000,000 Per occurrence \$5,000,000 Tenant's Legal Liability
				_____ # of days for cancellation notice (if required)

ADDITIONAL INSURED: (Legal name of entity (ies))

IF ADDITIONAL LIST ATTACHED, PLEASE CHECK

1. _____

3. _____

2. _____

4. _____

5. _____

6. _____

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.

IMPORTANT : Please send this request directly to: sports@bflcanada.ca