



BFL CANADA Risk and Insurance Inc.  
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## CERTIFICATE OF INSURANCE REQUEST FORM HOCKEY CANADA INLINE HOCKEY PROGRAM

This is to certify to:  
 (Name of entity requesting proof of insurance) \_\_\_\_\_

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 : **NATIONAL INLINE HOCKEY ASSOCIATION**  
 #2 – 126 Main St, Dauphin, MB R7N 1C2

Name of Insured: **BRITISH COLUMBIA INLINE HOCKEY ASSOCIATION**  
 100 – 20165 – 91A Avenue, Langley, BC V1M 3A2

Name of Team / Association \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 Fax Number: ( ) \_\_\_\_\_

Description of Event(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

| TYPE                                 | INSURER | POLICY N° | EXPIRY                           | LIMIT(S)   AMOUNTS OF INSURANCE                               |
|--------------------------------------|---------|-----------|----------------------------------|---|
| Commercial<br>Liability<br>Insurance | Temple  | 894-027 P | September 1 <sup>st</sup> , 2013 | \$2,000,000 CDN General Liability Insurance<br>Primary Police |
|                                      | Echelon | 3500296 P | September 1 <sup>st</sup> , 2013 | \$3,000,000 CDN General Liability Insurance<br>Excess Police  |

**ADDITIONAL INSURED:** IF ADDITIONAL LIST ATTACHED, PLEASE CHECK

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 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.**

This certificate has been approved by: \_\_\_\_\_  
Executive Director

\_\_\_\_\_ Branch