

Optimist International Canada / Insurance Program

Request for Insurance certificate

Name of Club (including number)

Name of Club: _____

Member requesting certificate: _____

Mailing address: _____

Tel : () - Fax * : () -

E-mail * : _____ *** Obligatory**

Name of event : _____

With regards to this event, does your Club act as:

→ Sponsor : Yes No → Participant : Yes No
→ Organizer : Yes No

Location of the event : _____

Date of the event : _____

Party requesting proof of Liability coverage :

Name of Party : _____

Contact: _____

Mailing address: _____

Fax * : () - E-mail * : _____ *** Obligatory**

Is the Party requesting to be named as an Additional Insured ?

Yes No

Does the event involve:

1) Events with use of boats, aircrafts or vehicles: Yes No

2) Lease, use or ownership of fireworks : Yes No