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| **Optimist International Canada /***Insurance Program* |

# Request for Insurance certificate

**⌦** *Name of Club (including number)*

 *Name of Club*:

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| *Member requesting certificate:*       |

*Mailing address:*

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| *Tel* : (     )      -      *Fax* : (     )      -       |
| E-mail:  |

*Name of event :*

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

 🠪 *Sponsor* : [ ]  Yes [ ]  No 🠪 *Participant* : [ ]  Yes [ ]  No

 🠪 *Organizer* : [ ]  Yes [ ]  No

*Location of the event* :

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*Date of the event* :

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**⌦ *Party requesting proof of Liability coverage :***

*Name of Party* :

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*Contact*:

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*Mailing address*:

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|  |

*Fax* : (     )      -      E-mail :

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⌦ *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