



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**
 80 Liberty Road, Sherwook Park, Alberta, T8H 2J6

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 Liability Insurance	Temple	894-027 P	September 1 st , 2010	\$2,000,000 CDN General Liability Insurance Primary Police
	Echelon	3500296 P	September 1 st , 2010	\$3,000,000 CDN General Liability Insurance 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