Certificate of Insurance Request- Sask Sport

Date: Requested by: _____

Name and address of PSO:	
Certificate Holder Name and Address: (This is the 3rd Party requesting the Certificate for proof of insurance (ex. venue, club, city)	
Details of what Certificate is required for: (Re: line on Certificate)	
Limits and Coverages required:	**Check the box if coverage is required.**
	Commercial General Liability ☐ $_____ (advise Limit required)
	Auto ☐ $_____ (advise limit required)
	Umbrella Liability ☐ $_____ (advise limit required)
	Property ☐ $_____ (advise limit required)
	Professional Liability ☐ $_____ (advise limit required)
	Other coverages required:
	_____ ☐ $_____
	_____ ☐ $_____
	_____ ☐ $_____
Additional Insured or Loss Payable? - Provide all names required to be shown - Additional Insured – for Liability - Loss Payable – for Property	
Any other requirements on the contract: - 30 Days Notice of Cancellation? - Waiver of Subrogation? (You can forward us a copy of the Certificate requirements from the contract for us to review)	1. 2. 3. 4.

Please return signed and completed form to your Provincial Sport Organization