CERTIFICATE REQUEST FORM

Ontario Artistic Swimming

To be emailed to: Susan Marnica-Wall - smwall@ontarioartisticswimming.ca

*Please complete the following for each certificate request and forward to the above email address. Once authorized by OAS a Certificate will be issued by Gallagher. within 24 hours from the next business day.*

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| --- | --- |
| **Name of Insured and/or Member Club:**  **Address of Insured and/or Member Club:** |  |
| **Certificate Holder:**  **Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured:** (i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities/ Not an insured member) |  |
| **Description of Operations/Event:**  **Location of Operations:** |  |
| **Date of Event** (if applicable): |  |
| **Date Certificate Requested:** |  |
| **Certificate to be forwarded to:**  **Please include the following;**   1. **Contact Name** 2. **Email Address or Fax #** 3. **Mailing Address if Certificate is to be mailed** |  |
| **Name & Address of Additional Insured’s:** (if any) example – Municipalities, Government Departments, Sponsors, Owners of Facilities |  |