

**CERTIFICATE REQUEST FORM**

Please complete the following for each certificate request and email to:  
Ontario Artistic Swimming, Mary-Jane Ling [mjling@ontarioartisticswimming.ca](mailto:mjling@ontarioartisticswimming.ca)

**Once authorized by OAS, a certificate can be issued within 24 hours or next business day**

<b>Name of Insured and Address:</b> <i>(As per insurance policy)</i>	Ontario Artistic Swimming and Member Clubs 1460 The Queensway, Unit M142, Etobicoke, ON M8Z 1S4
<b>Member Club and Address:</b> <i>(If applicable)</i>	
<b>Certificate Holder Name &amp; Address:</b> <i>Company/Organization who is requesting the Certificate of Insurance from the Named Insured</i> <i>i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities</i> <i>(NOT AN INSURED OR MEMBER)</i> <b><i>Complete below if Additional Insured is required</i></b>	
<b>Description of Operations/Event, and Location of Operations:</b>	
<b>Date of Event:</b> <i>(If applicable)</i>	
<b>Date Certificate Requested:</b>	
<b>Certificate to be forwarded to:</b> Contact Name: Email Address or Fax #: Mailing Address (if to be mailed):	
<b>Name &amp; Address of Additional Insured(s) (if any)</b> <b><i>If not completed, we will issue proof only</i></b> <i>i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities</i> <i>(CAN NOT BE AN INDIVIDUAL)</i> <b><i>If more than one to be listed and does not fit, please provide separately</i></b>	