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#201, 15 Carleton Drive, St. Albert, AB T8N 7K9

Certificate of Insurance Request Form

Name and Address of Certificate Holder: _____

Who are you providing confirmation of insurance coverage to? List the Facility/City/Organization

Additional Insured:

Some organizations will request to be listed as an Additional Insured. This is generally the same name as the certificate holder:

Description of Event(s): _____

Date & Location of Event(s): _____

Does the Certificate Holder require Notice of Cancellation: _____

Did the certificate holder request 30 days notice of cancellation, if so, mark YES. (We must have a mailing address above to provide this)

The above entities will be added to the policy as Additional Insured where required but only with respect to the operations of The Alberta Association for Family Recreation and Sport (FunTeam Alberta). The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties.

Name of Team/Association: _____

Date Requested: _____
