



Certificate of Insurance Request Form

CLUB INFORMATION
Club Name: _____
Club Contact Person: _____
Position within Club: _____
Email Address: _____
THIRD PARTY/CERTIFICATE INFORMATION
Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Contact Name: _____ Email Address: _____
Reason for certificate insurance (ie: indoor/outdoor field time, registration booths, banquet/awards evenings, etc.): _____
Instructions:
<ol style="list-style-type: none">1. Please complete all sections of this form and <u>forward to your District for approval.</u>2. District (By emailing this form, the district confirms that the Club mentioned above is in good standing with the OSA) – Once approved, please email this form to Darren Brown at HUB International HKMB (osainsurance@hubinternational.com) for certificate issuance along with a copy to Jamie Smith of the OSA for their records (jsmith@soccer.on.ca).3. HUB International HKMB will email the form back to the club and carbon copy the District.