



CERTIFICATE REQUEST FORM

Please complete the following and email:

To: Arthur J. Gallagher Canada Ltd., IBAM.ON.Sports.Entertainment@ajg.com

For CKO Sprint Cc: insurance@ckospint.ca

For OMCKRA Cc: info@omckra.com

For WO cc: info@whitewaterontario.ca

For CKO Cc: orest.stanko@gmail.com

Certificates can be issued within 48 hours once approved

Name of Insured and Address: <i>(As per insurance policy)</i>	Canoe Ontario o/a Canoe Kayak Ontario, Whitewater Ontario, Ontario Marathon Canoe & Kayak Racing Association, Ontario Canoe Sprint Racing Association (Eastern and Western Ontario) 2039 Shawanaga Trail Mississauga, ON L5H 3Z3			
Member Club and Address: <i>(If applicable)</i>				
Certificate Holder Name & Address: <i>Company/Organization who is requesting the Certificate of Insurance from the Named Insured</i> <i>i.e. Municipalities, Owners of Facilities</i> <i>Please indicate if this is for proof of insurance only or if the organization needs to be added to the insurance</i>	Additional Insured Required		Not Required, Proof Only	
Policy to which this request applies: <ul style="list-style-type: none"> ▪ Sanctioned Activity approved by the Association, Policy SLE00665: ▪ Non-sanctioned <u>Club</u> Activity, not related to CKO main policy which is covered under Policy SLE00636: 	<u>Activity / event with respects to:</u> <div style="display: flex; justify-content: space-around; align-items: center;"> CKO WO Sprint OMCKRA </div> CLUB Only: Club Policy (only applicable if optional coverage is purchased)			
Description of Operations/Event, Location, Name & Date of Event: <i>(If applicable)</i>				
Certificate to be forwarded to: Contact Name: Email Address:				
Date Certificate Requested:				