



## CERTIFICATE REQUEST FORM

**Please complete the following and email:**

**To: Arthur J. Gallagher Canada Ltd., Sports Administrator [IBAM.StoneyCreek.Sports@ajg.com](mailto:IBAM.StoneyCreek.Sports@ajg.com)**

**For CKO Sprint Cc: [insurance@ckospint.ca](mailto:insurance@ckospint.ca)**

**For OMCKRA Cc: [info@omckra.com](mailto:info@omckra.com)**

**For WO cc: [info@whitewaterontario.ca](mailto:info@whitewaterontario.ca)**

**For CKO Cc: [orest.stanko@gmail.com](mailto:orest.stanko@gmail.com)**

**Certificates can be issued within 48 hours once approved**

<b>Name of Insured and Address:</b> <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) 118 Baston Drive, Aurora, ON L4G 3T2				
<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</i> <i>i.e. Municipalities, Owners of Facilities</i>  <b><i>Please indicate if this is for proof of insurance only or if the organization needs to be added to the insurance</i></b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Additional Insured Required</td> <td style="width: 50%; border: none;">Not Required, Proof Only</td> </tr> </table>	Additional Insured Required	Not Required, Proof Only		
Additional Insured Required	Not Required, Proof Only				
<b>Policy to which this request applies:</b> <ul style="list-style-type: none"> <li>▪ Sanctioned Activity approved by the Association, Policy GAME00507:</li>   <li>▪ Non-sanctioned <u>Club</u> Activity, not related to CKO main policy which is covered under Policy GAME00515:</li> </ul>	<b><u>Activity / event with respects to:</u></b>  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">CKO</td> <td style="text-align: center;">WO</td> <td style="text-align: center;">OMCKRA</td> <td style="text-align: center;">Sprint</td> </tr> </table> Club Policy (only applicable if optional coverage is purchased)	CKO	WO	OMCKRA	Sprint
CKO	WO	OMCKRA	Sprint		
<b>Description of Operations/Event, Location, Name &amp; Date of Event:</b> <i>(If applicable)</i>					
<b>Certificate to be forwarded to:</b> Contact Name: Email Address:					
<b>Date Certificate Requested:</b>					