Requests for Certificates of Insurance

2024-2025 OFA Season

Please return to via email: info@fencingontario.ca

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| **Name of Insured:** | **Ontario Fencing Association** |
| **Club Name:** |  |
| **Club Address:** |  |
| **Certificate Holder:****Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured i.e. Municipalities, Government Departments,Sponsors, Owners of Facilities(Not an insured member)** |  |
| **Description of Operations/Event:** |  |
| **Date of event (if applicable):** |  |
| **Date Requested:** |  |
| **Certificate to be forwarded to:** |  |
| **Name & Address of Additional Insured(s) (if any) i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities** |  |
| **Additional emails certificate should be forwarded to:** |  |