Requests for Certificates of Insurance

2024-2025 OFA Season

Please return to via email: [info@fencingontario.ca](mailto:info@fencingontario.ca)

|  |  |
| --- | --- |
| **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:** |  |