## C/O Athletics New Brunswick, 109-525 Cliffe Street, Fredericton NB, E3A 6C1: T: (506) 512-0216

## Contact: Matt Candy – email: [anbserviceprovider@gmail.com](mailto:anbserviceprovider@gmail.com)

#### CERTIFICATE OF INSURANCE REQUEST FORM

**BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY ATHLETICS NEW BRUNSWICK**

|  |  |
| --- | --- |
| **This is to certify to:**  **(Name of entity requesting proof of insurance)** |  |
| **Address:** |  |

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Insured:** | ATHLETICS NEW BRUNSWICK | | | | | |
| **Address:** | 109-525 Cliffe Street, Fredericton NB, E3A 6C1 | | | | | |
|  |  | | | | | |
| **Name of Team /Club/Assoc. Insured** | | |  | | | | | | | |
| **Under this program:** | | |  | | | | | | | |
| **Name of Contact:** | | |  | | **Tel. No.:** | ( ) | | **Fax No.:** | | ( ) |
|  | | | **Web site:** |  | | | | |  | |
| **Name & Description of Event(s):** | |  | | | | | | | | |
| **LOCATION:** | |  | | | | | | | | |
| **Date(s):** | |  | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type | Insurer | Policy n° | Policy Period | Limits – Amounts of Insurance | |
| Commercial General Liability Insurance | Markel Canada Limited | CAS802731-01 | April 1, 2024  to  April 1, 2025 | $5,000,000 (Can.)  $5,000,000 (Can.) | Per occurrence  Tenant’s Legal Liability |
| PLEASE INCLUDE A COPY OF THE LEASE AGREEMENT / CONTRACT IF ANY | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ADDITIONAL INSURED (LEGAL NAME):** |  | **if additional list attached, please check** |  |
| **1.** |  | **4.** |  |  |
| **2.** |  | **5.** |  |  |
| **3.** |  | **6.** |  |  |
| **the above entities will be added to the policy as additional insured but only with respect to the operations of the named insured described above. the certificate applies to the members and authorized personnel of the insured while operating within the scope of their duties and applies only to the dates of the event as mentioned above.** | | | | |

**This certificate request form has been approved by:**

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| AUTHORIZED REPRESENTATIVE – Athletics New Brunswick |