

Certificate of Insurance Request- Sask Sport

Date: _____

Requested by: _____

Name and address of PSO:																												
Certificate Holder Name and Address: (This is the Party requesting the Certificate)																												
Details of what Certificate is required for: (Re: line on Certificate)																												
Limits and Coverages required:	<p style="text-align: center;">Check the box if coverage is required.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px dotted black;">Commercial General Liability</td> <td style="width: 10%; border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%; border-bottom: 1px dotted black;">\$ _____ (advise Limit required)</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">Auto</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____ (advise limit required)</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">Umbrella Liability</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____ (advise limit required)</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">Property</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____ (advise limit required)</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">Professional Liability</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____ (advise limit required)</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Other coverages required:</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">_____</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">_____</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">_____</td> <td style="border-bottom: 1px dotted black; text-align: center;"><input type="checkbox"/></td> <td style="border-bottom: 1px dotted black;">\$ _____</td> </tr> </table>	Commercial General Liability	<input type="checkbox"/>	\$ _____ (advise Limit required)	Auto	<input type="checkbox"/>	\$ _____ (advise limit required)	Umbrella Liability	<input type="checkbox"/>	\$ _____ (advise limit required)	Property	<input type="checkbox"/>	\$ _____ (advise limit required)	Professional Liability	<input type="checkbox"/>	\$ _____ (advise limit required)	Other coverages required:			_____	<input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/>	\$ _____	_____	<input type="checkbox"/>	\$ _____
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Additional Insured or Loss Payable? <ul style="list-style-type: none"> - Provide all names required to be shown - Additional Insured – for Liability - Loss Payable – for Property 																												
Any other requirements on the contract: <ul style="list-style-type: none"> - 30 Days Notice of Cancellation? - Waiver of Subrogation? <p>(You can forward us a copy of the Certificate requirements from the contract for us to review)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; border-bottom: 1px dotted black;">1.</td> <td style="border-bottom: 1px dotted black;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black;">2.</td> <td style="border-bottom: 1px dotted black;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black;">3.</td> <td style="border-bottom: 1px dotted black;"></td> </tr> <tr> <td style="border-bottom: 1px dotted black;">4.</td> <td style="border-bottom: 1px dotted black;"></td> </tr> </table>	1.		2.		3.		4.																				
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