



# Certificate of Insurance Request- Sask Sport

Date: \_\_\_\_\_

Requested by: \_\_\_\_\_

<b>Name and address of PSO:</b>			
<b>Certificate Holder Name and Address:</b> (This is the Party requesting the Certificate)			
<b>Details of what Certificate is required for:</b> (Re: line on Certificate)			
<b>Limits and Coverages required:</b>	<b>Check the box if coverage is required.</b>		
	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)
	<b>Other coverages required:</b>		
_____	<input type="checkbox"/>	\$ _____	
_____	<input type="checkbox"/>	\$ _____	
_____	<input type="checkbox"/>	\$ _____	
<b>Additional Insured or Loss Payable?</b> <ul style="list-style-type: none"> <li>- Provide all names required to be shown</li> <li>- Additional Insured – for Liability</li> <li>- Loss Payable – for Property</li> </ul>			
<b>Any other requirements on the contract:</b> <ul style="list-style-type: none"> <li>- 30 Days Notice of Cancellation?</li> <li>- Waiver of Subrogation?</li> </ul> (You can forward us a copy of the Certificate requirements from the contract for us to review)	1.		
	2.		
	3.		
	4.		

Please return signed and completed form to:

Mike Ramage  
Email: [mike@baseballsask.ca](mailto:mike@baseballsask.ca)