

Insurance Certificate Request (ICR) Form

B.F. LORENZETTI & Associates inc. International Insurance Brokers

ALLIANCE HOCKEY

The Ontario Hockey Federation (OHF) is a named insured of the following policy. Subsequently, as a member of the OHF, Member Partners, and teams, clubs and associations thereof are also provided coverage under this policy.

Please Note: Events involving alcohol (except for those in licensed restaurants or banquet halls) will not be sanctioned by the OHF, please contact your local insurance broker to obtain "Special Event" coverage for your activity.

When a third party requests proof of insurance a certificate will be issued to them showing that the following described policy(ies) or binder(s) in force at this date have been effect to cover the OHF and participants thereof:

TYPE	INSURER	POLICY NO.	EXPIRY	LIMIT OF INSURANCE
Commercial Liability Insurance	Commerce & Industry Insurance Company	0152597	September 1 st , 2008	\$2,000,000 General Liability Insurance

Complete the following form and fax to your OHF Member Partner Office (see bottom) a minimum of two (2) weeks in advance of the event or activity.

(A) Third Party Information – Who is asking you for the Certificate?

It is understood and agreed that the following entities are added to the policy as additional insured but only with respect to the operations of the named insured described above. This certificate applies to the members and authorized personnel of the insured while operating within the scope of their duties.

Include the name and address of the third party requesting the certificate of insurance (usually a shopping mall, ice facility, municipality, school board, etc.)

Name:	
Address:	

(B) Your Information – Who are you and how can we contact you?

Include the name of the Club or Team who is participating in the event or activity taking place at/with the party above and contact information for the person completing this form.

Name of Team/Club: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

(C) Description of Event or Activity – What is it your team is doing?

Include here all applicable information about the event/activity

Additional Pages Included

Description of event/activity: _____

Date(s) of event/activity: _____

Are non-registered participants involved? No Yes (if yes, please note they are not covered by this policy)

Name and description of role for additional insured (if any): _____

For Alliance and OHF staff only:	
Signature	Date
Alliance Approval	_____
OHF Approval	_____

Send to:	
Alliance Hockey	
519-273-2114 (fax)	alliance@alliancehockey.com
519-273 7209 (phone)	www.alliancehockey.com
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