



C/O Tara Davidson; Water Ski and Wakeboard Canada #210 - 223 Colonnade Road S, Ottawa, Ontario K2E 7K3
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CERTIFICATE OF INSURANCE REQUEST FORM

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: **WATER SKI AND WAKEBOARD CANADA / SKI NAUTIQUE ET PLANCHE CANADA**
 #210 – 223 Colonnade Road S, Ottawa, Ontario K2E 7k3

and: _____

and: _____

Name of Association or Club: _____

Name of Contact: _____

Tel. No.: () _____

Fax No.: () _____

Description of Event(s): _____

Location, include address if
 different than club location _____

Date(s): _____

Type	Insurer	Policy n°	Expiry	Limits – Amounts of Insurance
Commercial General Liability Insurance	Lloyd's through Premiere Insurance	2000380S	April 1 st , 2012	\$5,000,000 (Can.) General Liability Insurance

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 has been approved by: _____

TARA DAVIDSON – WSWC Administrative Assistant