

Sask Sport Group Insurance

Request for Certificate of Insurance

Name of Provincial Sport Governing Body:

Who is requesting the Certificate of Insurance?

What is the event? _____

Date the Event is being held _____

Is there an Additional Insured requirement?

Is so provide the complete name and address including the postal code:

Where does the Certificate need to be sent?

E-mail Address _____

Fax Number _____

Contact Name _____

Please return signed and completed form to:

Candace Fazakas

Fax: 306-359-0387

Email: candace.fazakas@aon.ca

2103 11th Ave., 8th Floor, Regina SK. S4P 3Z8