



CERTIFICATE REQUEST FORM

To be faxed/emailed to A. J. Gallagher Canada Ltd.
Sports Administrator
Sports & Recreation Department
FAX: (905)643-8321
Email: IBAM.StoneyCreek.Sports@ajg.com

Please complete the following and forward to our office & a certificate will be issued within 24 hours

Name of Insured (1) Address of Insured and/or Member Club (If Applicable) (2)	
Certificate Holder: (3) Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities (Not an insured member)	
Description of Operations/Event: (4) Location of Operations: (5)	
Date of Event (if applicable): (6)	2026/2027 Season
Date Certificate Requested (Today's Date) (7):	
Certificate to be forwarded to: (8) Please include the following; a) Contact Name b) Email Address or Fax # c) Mailing Address if Certificate is to be mailed	jenn.costigan@csf.ca
Name & Address of Additional Insured(s) (if any) i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities (Same as (3)) "FULL ADDRESS REQUIRED"	