**CERTIFICATE OF INSURANCE (COI) REQUEST**

Product: Commercial General Liability (CGL)

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| **Date of Request:** |  | **Send the Certificate Request to certificates@sbcinsurance.com** |

**Certificate Information (COI)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy #** | | | **CAS801981-03** | |
| **Named of Insured:** | | | **Biathlon Canada** | |
| **Name of your Organization (If Different)** | | |  | |
|  | | | | |
| **Please Select the Type of Certificate Below:** | | | | |
| New certificate | | | | |
| Amendment to existing certificate already issued | | | | |
|  | | | | |
| **Email a Copy of the Certificate to:** | | | | |
| Name: | Biathlon Canada | | Email address: | info@biathloncanada.ca |
| Name: |  | | Email address: |  |
| Name: |  | | Email address: |  |
| Additional names and email addresses: | |  | | |

**Insurance Coverage Requested**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coverage** | | **Limit Required** | | | | | | | | | | | |
| Commercial General liability | | $2,000,000 | | | $5,000,000 | | | | Other: | | |  | |
| Tenant’s Legal Liability | | $250,000 | | $500,000 | | | | $1,000,000 | | | Other: | |  |
| Other required coverage and limit | | |  | | | | | | | | | | |
| Any alcohol (Y or N) being served during this event? | | | | | | | Yes | | | No | | | |
| If yes, is this a beer garden? | | | | | | | Yes | | | No | | | |
| **Effective Date(s) & Time** | | | | | | | | | | | | | |
| From (mm/dd/yyyy): |  | | | | | Specific Time: | | |  | | | | |
| To (mm/dd/yyyy): |  | | | | | Specific Time: | | |  | | | | |
|  | | | | | | | | | | | | | |
| **Activities/Description of Operation/Event Details:** | | | | | | | | | | | | | |
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| **Location(s) of the Activities** | | | | | | | |
| **#1 Facility Name:** | | |  | | | | |
| Address: | |  | | | | | |
| City: |  | | | Prov./state: |  | Postal/zip code: |  |
|  | | | | | | | |
| **#2 Facility Name:** | | |  | | | | |
| Address: | |  | | | | | |
| City: |  | | | Prov./state: |  | Postal/zip code: |  |
|  | | | | | | | |
| **Other Location(s)** (Please Specific Facility Name and Address): | | | | | | | |
|  | | | | | | | |
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**Additional Insured(s)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#1 Additional Insured** | | | | | | | |
| Name: | |  | | | | | |
| Address: | | |  | | | | |
| City: |  | | | Prov./state: |  | Postal/zip code: |  |
|  | | | | | | | |
| **#2 Additional Insured** | | | | | | | |
| Name: | |  | | | | | |
| Address: | | |  | | | | |
| City: |  | | | Prov./state: |  | Postal/zip code: |  |
|  | | | | | | | |
| **Other Additional Insured(s)** (Please Specific Name and Address): | | | | | | | |
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**Special Instructions/Requests**

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**Distribution**

Certificates will be emailed to requestors unless otherwise specified.

**If you need a rush certificate, please contact your SBC representative. SBC Insurance will endeavour to deliver all certificates in 24 – 48 hours to the requestor names above.**