**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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|  |

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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.**