

CERTIFICATE OF INSURANCE (COI) REQUEST

Product: Commercial General Liability (CGL)

Date of Request: Actual Date of Request

Certificate Information (COI)

Combination of letters and #s found on your declaration pages. Please ask an SBC rep or your contact if unsure.

Policy #

Named of Insured:

What is listed on the Policy/Who the policy is for

Name of your Organization (If Different)

Name of your club/league/association/personal name

Please Select the Type of Certificate Below:

- ☐ New certificate
☐ Amendment to existing certificate already issued

Is this a new certificate or just amendments to what was previously requested?

Email a Copy of the Certificate to:

Name: _____ Email address: _____
 Name: _____ Email address: _____
 Name: _____ Email address: _____
 Additional names and email addresses: _____

If you are authorized on file to request for a COI, we will send you back the completed COI. Specify who you want to have a copy of your COI sent to. Please note: We will NOT send COIs to municipalities/cities/districts/ and villages due to contacts frequently changing.

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

Choose Insurance Coverage Requested and enter specific limit if not stated.

Effective Date(s) & Time

From (mm/dd/yyyy): _____ Specific Time: _____
 To (mm/dd/yyyy): _____ Specific Time: _____

We can accept a term of 1 day to 1 year. Policy term is effective and expires at 12:01am

Activities/Description of Operation/Event Details:

What activities are you requesting insurance for?

Location(s) of the Activities

List the name and addresses of the location(s) where your activities will take place.

#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):

Additional Insured(s)

#1 Additional Insured

Name: _____
Address: _____
City: _____ Prov./

#2 Additional Insured

Name: _____
Address: _____
City: _____ Prov./state: _____ Postal/zip code: _____

This should not be confused with additional named insureds. Additional insureds are facility owners (usually a city or municipality) and are leasing/renting a space to you to use.

Please name and list all additional insureds on this request form. Please put the addresses if necessary. SBC Insurance will NOT be verifying the accuracy of this information as it is your responsibility as a policy holder to check and verify with the insurance requirements provided to you as a renter/user/facility user.

Other Additional Insured(s) (Please Specific Name and Address):

Special Instructions/Requests

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.