



FACILITY & ICE RENTAL

INSURANCE CERTIFICATE REQUEST

THIS FORM IS TO BE COMPLETED FOR:

- Ice rental for game(s), practice(s) or tournament(s)
- Meeting or other facility room for team or club meetings

PLEASE NOTE:

1. You must attach a copy of the rental agreement with this request.
2. Requests submitted less than 2 weeks before rental may not be processed.

HOCKEY TEAM INFORMATION:

Name of Team/Association/Program/League:

Contact Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

NAME OF FACILITY (THE THIRD PARTY) REQUESTING PROOF OF INSURANCE

Name: _____

Address: _____

Municipality: _____

ADDITIONAL INSURED

It is understood and agreed that the above entities are added to the policy as additional insured but only with respect to the operations of the named insured described above. This certificate applies to the members and authorized personnel of the insured while operating within the scope of their duties.

Please show facility name above as "Additional Insured"

ACTIVITY DESCRIPTION

Game Dates: _____

Practice Dates: _____

Tournament Dates: _____

Meeting Dates: _____

Are non-registered participants involved? NO YES (if yes, they are not covered by this policy)

FOR OFFICE USE ONLY

Date Received:	Approved By:	Signature:
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PLEASE FAX OR EMAIL TO THE OWHA OFFICE
 Fax: (905) 282-9982 info@owha.on.ca