



Gallagher

Insurance | Risk Management | Consulting

Certificate Request Form

To be faxed/emailed to Arthur J. Gallagher Canada, Limited.

Sports Administrator – Sports Recreation Department
Email: IBAM.StoneyCreek.Sports@ajg.com
Fax: 905-643-8321

Please Complete the following and forward to our office. A certificate will be issued within 24 hours.

Name of Insured and/or Member Club: _____

Address of Insured and/or Member Club: _____

Certificate Holder: _____

Name and 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:

Location of Operations: _____

Date of Event (if applicable): _____

Date Certificate Requested: _____

Certificate to be forwarded to:

Name: _____ Email: _____ Fax: _____ Mailing address: _____

Name and Address of Additional Insured's (if any) – i.e Municipalities, Government departments, sponsors, owners of facilities:
