CERTIFICATE OF INSURANCE REQUEST FORM FOR CANADA

If you are required by your venue to provide a Certificate of Insurance, please complete this form and email to asstmanager@asca.org no later than 30 days prior to event start date.

Insurer				Aviva Canada					
Policy No.				CMP 81928392					
Commercial General Lia Bodily Injury and Property Dam			•	Combined Single Unit General Aggregate		\$1,000,000 \$5,000,000			
If you fail to complete all fields, your request cannot be processed									
AFFILIATE CLUB									
ADDRESS									
CITY		PROV	/INCE	NCE POSTAL CODE					
CONTACT	NTACT NAME			PHONE					
EMAIL						•			
EVENT DATES									
LOCATION OF EVENT (CITY/PROVINCE)									
EVENT									
TYPE Dock Jumping Tracking Test Other:									
CERTIFICATE HOLDER (Venue)									
ADDRESS		DRO	UNICE		D.C.	CTAL CODE			
CITY			/INCE	POSTAL CODE					
	CONTACT NAME PHONE								
EMAIL									
Additional Insured Endorsement									
If the Certificate Holder requests to be added as an Additional Insured under ASCA's insurance,									
such a request MUST be in writing and you MUST include a copy of the written rental or lease agreement with this request								□ NO	
NOTES									