

STEP by STEP

CLUB

Certificate of Insurance Request Process

CLUB clicks on the Cycling PSO URL link

Once the COI Request is submitted, PSO will approve it and then BFL will issue the COI.

Once issued, the certificate will be sent to the PSO, and PSO will forward it to the CLUB.

The process can take up to 5 business days.

CLICK ON [« Submit a Certificate of Insurance Request »](#)



[Welcome,](#) | [Home](#) | [Contact Us](#) | [Français](#) | [Logout](#)

BFL CANADA Certificate Of Insurance Request

[**Submit a Certificate of Insurance Request**](#)

Fill out the fields and CLIC ON « NEXT »

BFL CANADA Certificate Of Insurance Request

Sports Home

Contact: *(required)*

BFL

Phone: *(required)*

1-888-123-4567

Email: *(required)*

Sports@bflcanada.ca

Certificate Language:

English ▾

Association:

REQUEST

Club:

Certify To: *(required)*

THE CITY/ARENA (THIRD PARTY)

Address:

Street 1

Street 2

City

-- Province --

POSTAL CD

☐ Liquor Liability

Next

The contact information is to reach the « requester » in case we have questions before issuing the COI

BFL CANADA Certificate Of Insurance Request

Association:

REQUEST

Club:

ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING

Contact:

BFL

Phone / Email:

1-888-123-4567

Sports@bflcanada.ca

☐ Liquor Liability

Certify To:

THE CITY/ARENA (THIRD PARTY) ()

Edit

Delete

Add a Certify To

Event(s):

Add an Event

Location:

Add a Location

Additional Insured:

Add an Additional Insured

Upload Files:

(DOC/XLS/PDF) 4MB limit

Browse...

No files selected.

Save Changes and Submit

The « Certify to » area is already filled in. You can EDIT or DELETE if needed. If you want to add another one, click on « Add a Certify To »

BFL CANADA Certificate Of Insurance Request

Association: REQUEST

Club: ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING

Contact: BFL

Phone / Email: 1-888-123-4567 Sports@bflcanada.ca ☐ Liquor Liability

Certify To: THE CITY/ARENA (THIRD PARTY) () Edit Delete

Add a Certify To

Event(s):

Add an Event

Click on « Add an Event » and fill out the information.

Location:

Addit

Uplo:
(DOC

Type: EVENT

Description: DRYLAND / FLOOR HOCKEY

If -- OTHER -- event description is selected, enter it here.

Start Dt: (mm/dd/yyyy) 08/27/2016

End Dt: (mm/dd/yyyy) 08/28/2016

Add Cancel

Choose a « Description » from the drop down menu
Select dates by clicking on the calendar icon,
Click on « Add »

BFL CANADA Certificate Of Insurance Request

Association:

REQUEST

Club:

ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING

Contact:

BFL

Phone / Email:

1-888-123-4567

Sports@bflcanada.ca

☐ Liquor Liability

Certify To:

THE CITY/ARENA (THIRD PARTY) ()

Edit

Delete

Add a Certify To

Event(s):

Add an Event

Location:

Add a Location

Click on « Add a Location »
and fill out the information.

Additional Insured:

Location

Enter Description Here

Add

Cancel

Fill out the location name
and/or address,
Click on « Add »

BFL CANADA Certificate Of Insurance Request

Association: REQUEST
Club: ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING
Contact: BFL
Phone / Email: 1-888-123-4567 Sports@bflcanada.ca ☐ Liquor Liability
Certify To: THE CITY/ARENA /THIRD PARTY / \

Fill out the Additional Insured name,
Click on « Add »

Name:

Add

Cancel

Add a Location

Additional Insured:

Add an Additional Insured

Upload Files:
(DOC/XLS/PDF) 4MB limit

No files selected.

Save Changes and Submit

Click on « Add an Additional Insured» and fill out the information.

BFL CANADA Certificate Of Insurance Request

Association:	REQUEST		
Club:	<input type="text" value="ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING"/>		
Contact:	<input type="text" value="BFL"/>		
Phone / Email:	<input type="text" value="1-888-123-4567"/>	<input type="text" value="Sports@bflcanada.ca"/>	<input type="checkbox"/> Liquor Liability
Certify To:	THE CITY/ARENA (THIRD PARTY) ()		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	<input type="button" value="Add a Certify To"/>		
Event(s):	<input type="button" value="Add an Event"/>		
Location:	<input type="button" value="Add a Location"/>		
Additional Insured:	<input type="button" value="Add an Additional Insured"/>		
Upload Files: (DOC/XLS/PDF) 4MB limit	<input type="button" value="Browse..."/> No files selected.		
	<input type="button" value="Save Changes and Submit"/>		

If you need to attach a contract or any other document to your request, you can by clicking on « Browse » and choose your file from your documents.
Click on « Save Changes and Submit »