



**CERTIFICATE REQUEST FORM**

To be faxed/emailed to A. J. Gallagher Canada Ltd.  
Sports Administrator  
Sports & Recreation Department  
FAX: (905)643-8321  
Email: [IBAM.StoneyCreek.Sports@ajg.com](mailto:IBAM.StoneyCreek.Sports@ajg.com)

**Please complete the following and forward to our office & a certificate will be issued within 24 hours**

<b>Name of Insured and/or Member Club: Address of Insured and/or Member Club:</b>	
<b>Certificate Holder: Name &amp; 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)</b>	
<b>Description of Operations/Event: Location of Operations:</b>	
<b>Date of Event (if applicable):</b>	
<b>Date Certificate Requested:</b>	
<b>Certificate to be forwarded to: Please include the following;</b> <ul style="list-style-type: none"><li>a) Contact Name</li><li>b) Email Address or Fax #</li><li>c) Mailing Address if Certificate is to be mailed</li></ul>	
<b>Name &amp; Address of Additional Insured(s) (if any) i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities</b>	