



2001, avenue McGill College, bureau 2200,
Montréal QC H3A 1G1
T. 514-843-3632 | 1-800-465-2842 F. 514-843-3842

C/O Rebekka Steenkamer: Canadian Water Polo Assoc. (Water Polo Canada), 1A – 1084 Kenaston Street, Ottawa, ON K1B 3P5
T: (613) 748-5682 Ext. 331 email: insurance@waterpolo.ca

CERTIFICATE OF INSURANCE REQUEST FORM

BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY YOUR PROVINCIAL ASS.
This is to certify to:

(Name of entity requesting proof of insurance) _____

Address: _____

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured: **CANADIAN WATER POLO ASSOCIATION (WATER POLO CANADA)**
1A – 1084 Kenaston Street, Ottawa, Ontario K1B 3P5

and: _____

**Name of Team /
Club/Assoc.**

Contact:

Tel:

**Description
of Event(s):**

Location:

Date(s):

Type	Insurer	Policy n°	Expiry	Limits – Amounts of Insurance (Canadian Funds)
Commercial General Liability	HDI Global Specialty SE	CC0746926000	August 31, 2026 to August 31, 2027	\$10,000,000 Per occurrence \$ 1,000,000 Tenant's Legal Liability

of days for cancellation notice (if required)

ADDITIONAL INSURED (LEGAL NAME):

IF ADDITIONAL LIST ATTACHED, PLEASE CHECK

☐

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.

This certificate request form has been approved by:

Rebekka Steenkamer – Sport Development Manager