



BFL CANADA Risques et assurance inc.
 BFL CANADA Risk & insurance Inc.
 BFL CANADA Insurance Services Inc.
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 c/o 2001 McGill College Avenue, # 2200
 Montréal QC H3A 1G1
 Tel.: 514 843-3632
 1-800-465-2842

C/O Swim Ontario; 1 Concorde Gate, Suite 200 B, Toronto, ON M3C 3N6 T: (416) 426-7222 F: (416) 426-7356 Attn: Heather Dwinell Email: heather@swimontario.com

CERTIFICATE OF INSURANCE REQUEST FORM

BFL CANADA WILL ISSUE THE CERTIFICATE ONCE THIS REQUEST FORM IS RECEIVED BY YOUR PROVINCIAL ASSOCIATION

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: **SWIMMING / NATATION CANADA**
 307 Gilmour Street, Ottawa, Ontario K2P 0P7

and: **SWIM ONTARIO**
 1 Concorde Gate, Suite 200 B, Toronto, Ontario M3C 3N6

and: _____

Name of Team /Club/Assoc.: _____

Name of Contact: _____ Tel. No.: () _____ Fax No.: () _____

Web site: _____

Description of Event(s): _____

LOCATION: _____

Date(s): _____

Type	Insurer	Policy n°	Policy Period	Limits - Amounts of Insurance	
Commercial General Liability Insurance	Everest Insurance Company of Canada	E2SA000021	December 1 st , 2017 to December 1 st , 2018	\$7,000,000 (Can.) \$1,000,000 (Can.)	Per occurrence Tenant's Legal Liability
Excess Liability Insurance	Effected with certain Lloyd's Underwriters under contract No B113517B00314	314L0221	December 1 st , 2017 to December 1 st , 2018	\$3,000,000 (Can.) XS \$7,000,000 (Can.)	Per occurrence

PLEASE INCLUDE A COPY OF THE LEASE AGREEMENT / CONTRACT IF ANY

ADDITIONAL INSURED (LEGAL NAME):		IF ADDITIONAL LIST ATTACHED, PLEASE CHECK <input type="checkbox"/>
1. _____	4. _____	
2. _____	5. _____	
3. _____	6. _____	
<p>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.</p>		

This certificate request form has been approved by: _____
 AUTHORIZED REPRESENTATIVE - SWIM ONTARIO