



2001 McGill College Avenue, Suite 2200, Montreal, QC H3A 1G1
 T. 514-843-3632 | 1-800-465-2842 F. 514-843-3842

C/O Swim NB Attn: Jill Ramsey, PO Box 146, Moncton, NB E1C 8R9, Tel : 506 295 0288 - Email: info@swimnb.ca

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: **SWIMMING NEW BRUNSWICK / NATATION NOUVEAU-BRUNSWICK**
 900 Hanwell Road, Unit 13, Fredericton, NB E3B 6A2

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 (Canadian Funds)
Commercial General Liability	Markel Canada Ltd. Certain Underwriters at Lloyd's, Under Agreement No. MKL2023001; UMRB6027MKL2023001	CAS861051-01	December 1 st , 2023 to December 1 st , 2024	\$7,000,000 Per occurrence \$7,000,000 Tenant's Legal Liability
Excess Liability Insurance	SUM Strategic Underwriting Managers Inc.	SUM-EXC-24967-004	December 1 st , 2023 to December 1 st , 2024	\$3,000,000 XS Per occurrence \$7,000,000 \$10,000,000 Limit for both policies combined

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. _____

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: _____ AUTHORIZED REPRESENTATIVE – SWIM NB