



Certificate of Insurance Request- Sask Sport

Date: _____

Requested by: _____

Name and address of PSO:			
Certificate Holder Name and Address: (This is the Party requesting the Certificate)			
Details of what Certificate is required for: (Re: line on Certificate)			
Limits and Coverages required:	Check the box if coverage is required.		
	Commercial General Liability	<input type="checkbox"/>	\$ _____ (advise Limit required)
	Auto	<input type="checkbox"/>	\$ _____ (advise limit required)
	Umbrella Liability	<input type="checkbox"/>	\$ _____ (advise limit required)
	Property	<input type="checkbox"/>	\$ _____ (advise limit required)
	Professional Liability	<input type="checkbox"/>	\$ _____ (advise limit required)
	Other coverages required:		
_____	<input type="checkbox"/>	\$ _____	
_____	<input type="checkbox"/>	\$ _____	
_____	<input type="checkbox"/>	\$ _____	
Additional Insured or Loss Payable? <ul style="list-style-type: none"> - Provide all names required to be shown - Additional Insured – for Liability - Loss Payable – for Property 			
Any other requirements on the contract: <ul style="list-style-type: none"> - 30 Days Notice of Cancellation? - Waiver of Subrogation? (You can forward us a copy of the Certificate requirements from the contract for us to review)	1.		
	2.		
	3.		
	4.		

Please return signed and completed form to:

Mike Ramage
Email: mike@baseballsask.ca