



## Certificate of Insurance Request Form

Use this form to request a certificate of insurance from the Co-Operators upon request.

### Society Information:

Society Legal Name: \_\_\_\_\_

Society Main Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Society Main Email: \_\_\_\_\_

Society Main Phone: \_\_\_\_\_

Society Main Contact Name: \_\_\_\_\_

Society Main Contact Position: \_\_\_\_\_

Society Main Contact Email: \_\_\_\_\_

### Event Information:

#### Name of Third Party wanting this certificate

Please list name of contact or individual who has requested proof of insurance from you. Include first and last name, position and corporation (if applicable). If there is no position or corporation, please say "none".

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Corporation: \_\_\_\_\_

#### Address of Third Party wanting this certificate:

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Type of Event:**

Indicate what this event is: e.g. trade show, banquet, meeting, etc. Please only include one event per request:

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**Date and Length of Time of Event:**

Include date and time of event and note if this event will occur over multiple consecutive days or repeats (e.g. once a month, annual, etc.).

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**Third Party Event Location:**

Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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Please save this document and attach it to an email and send to Stephanie Downer, Cooperators Insurance at: [Stephanie\\_Downer@cooperators.ca](mailto:Stephanie_Downer@cooperators.ca)