



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:

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.).

Third Party Event Location:

Street Address: _____

Address Line 2: _____

City: _____ **Province:** _____

Postal Code: _____

Please save this document and attach it to an email and send to Dean Ribey, Cooperators Insurance at: dean_ribey@cooperators.ca