

CERTIFICATE REQUEST FORM

Please complete the following for each certificate request and email to:
Ontario Artistic Swimming, Sue Marnica-Wall smwall@ontarioartisticswimming.ca

Once authorized by OAS, a certificate can be issued within 24 hours or next business day

Name of Insured and Address: <i>(As per insurance policy)</i>	Ontario Artistic Swimming and Member Clubs 83 Galaxy Blvd., Unit 2, Etobicoke, ON M9W 5X6
Member Club and Address: <i>(If applicable)</i>	
Certificate Holder Name & Address: <i>Company/Organization who is requesting the Certificate of Insurance from the Named Insured</i> <i>i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities</i> <i>(NOT AN INSURED OR MEMBER)</i> <i>Complete below if Additional Insured is required</i>	
Description of Operations/Event, and Location of Operations:	
Date of Event: <i>(If applicable)</i>	
Date Certificate Requested:	
Certificate to be forwarded to: Contact Name: Email Address or Fax #: Mailing Address (if to be mailed):	
Name & Address of Additional Insured(s) (if any) <i>If not completed, we will issue proof only</i> <i>i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities</i> <i>(CAN NOT BE AN INDIVIDUAL)</i> <i>If more than one to be listed and does not fit, please provide separately</i>	