

# Sask Sport Group Insurance

## Request for Certificate of Insurance

Name of Provincial Sport Governing Body:

---

Who is requesting the Certificate of Insurance → \_\_\_\_\_

---

What is the event→ \_\_\_\_\_

---

Date the Event is being held→ \_\_\_\_\_

---

Do you need anyone to be listed as an Additional Insured?  
Is so provide the complete name and address including the postal code:

---

---

Where does the Certificate need to be sent:

E-mail Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your E-mail Address \_\_\_\_\_

**Please return signed and completed form to:**

**Pamela McClenaghan**

**Fax: 306-359-0387**

**Email: [pamela.mcclenaghan@aon.ca](mailto:pamela.mcclenaghan@aon.ca)**

**1000 – 2103 11<sup>th</sup> Ave., Regina SK. S4P 3Z8**