



Phone: 780.488.0882  
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34 Airport Road NW, Edmonton, AB T5G 0W7

## Certificate of Insurance Request Form

**Name and Address of Certificate Holder:** \_\_\_\_\_  
(Facility/city/organization requesting  
certificate)

**Additional Insured (if required):** \_\_\_\_\_

**Description of Event(s):** \_\_\_\_\_

**Date & Location of Event(s):** \_\_\_\_\_

**Do you require Notice of Cancellation:** \_\_\_\_\_

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*The above entities will be added to the policy as Additional Insured where required but only with respect to the operations of The Alberta Association for Family Recreation and Sport (FunTeam Alberta). The certificate applies to the members and authorized personnel of the Insured while operating within the scope of their duties.*

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**Name of Team/Association:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_