



Certificate of Insurance Request Form

CLUB INFORMATION		
Club Name:	_____	
Club Contact Person:	_____	
Position within Club:	_____	
Email Address:	_____	
THIRD PARTY/CERTIFICATE INFORMATION:		
Name:	_____	
Address:	_____	
City:	Province:	Postal Code:
_____	_____	_____
Reason for certificate insurance (e.g.: indoor/outdoor field time, registration booths, banquet/awards evenings, etc.):		

Instructions:		
<ol style="list-style-type: none"> CLUB - Please complete all sections of this form and forward it to your District for approval. District (<i>By emailing this form, the district confirms that the Club mentioned above is in good standing with the OSA</i>) – Once approved, please email this form to Claudia Mota at HKMB HUB International (osainsurance@hubinternational.com) for certificate issuance along with a copy to Jaime Smith of the OSA for their records (jsmith@soccer.on.ca). HKMB HUB will email form back to the club and cc the District 		