

CERTIFICATE OF INSURANCE REQUEST FORM

FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIMES

Please allow 7-10 business days for processing.

* **This is to certify to:** (name of facility/
school board/city requesting a certificate) KVMHA

* **Address:** PO Box 4663, Rothesay, NB E2E 5X4

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured: **HOCKEY CANADA**
801 King Edward Avenue, N204, Ottawa ON K1N 6N5

Name of Insured: **HOCKEY NEW BRUNSWICK**
861 Woodstock Road, Fredericton NB E3B 7R7

* **Name of Team / Association:** KVMHA Atom A Hawks

Name of Contact: Lynn Fletcher Phone Number: 506-653-0224
E-mail: lfletcher@rogers.com

* **Description of Event(s):** Bottle Drive

* **Location of the event(s):**
(name and address) Kennebecasis Valley, New Brunswick

* **Date(s):** December 5th, 2015

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Chartis Insurance company of Canada	95053500	September 1 st , 2012 to September 1 st , 2013	\$ <u> </u> ,000,000 General Liability Insurance

Please check if Liquor Liability is required # of days for cancellation notice (if required)

Please include a copy of your lease agreement. Please check if a copy of the lease agreement is attached
 Please check if additional list attached

* **ADDITIONAL INSURED:**
1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

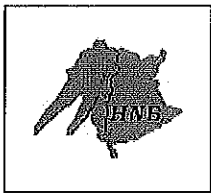
THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.

Approved by HNB

This certificate's request form has been approved by: _____
Branch Executive Director or representative

OCT 27 2015

Approuvé par HNB



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Name of Insured: **HOCKEY NEW BRUNSWICK**
861 Woodstock Road, Fredericton NB E3B 7R7

* **Name of Team / Association:** KVMHA Atom A Hawks

Name of Contact: Lynn Fletcher Phone Number: 506-653-0224
E-mail: lfletcher@rogers.com

* **Description of Event(s):** Selling Raffle tickets at a local market

* **Location of the event(s):** (name and address) 106 Hampton Road, Rothesay, NB E2E 2P8

* **Date(s):** October 31 and November 1st from 11 am to 4 pm

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Approved by **HNB**
This certificate's request form has been approved by: [Signature]
Branch Executive Director or representative

OCT 27 2015

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