



C/O Tara Davidson; Water Ski and Wakeboard Canada #210 - 223 Colonnade Road South, Ottawa, Ontario K2E 7K3  
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### CERTIFICATE OF INSURANCE REQUEST FORM – SCHOOLS \$3,000,000 LIMIT

This is to certify to:  
 (Name of entity requesting proof of insurance) \_\_\_\_\_

Address: \_\_\_\_\_

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: **WATER SKI AND WAKEBOARD CANADA / SKI NAUTIQUE ET PLANCHE CANADA**  
 #210 – 223 Colonnade Road South, Ottawa, Ontario K2E 7k3

and: \_\_\_\_\_

and: \_\_\_\_\_

Name of Association or Ski School \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Tel. No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

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

Location: (include address if not regular location) \_\_\_\_\_

Date(s): \_\_\_\_\_

Type	Insurer	Policy n°	Expiry	Limits – Amounts of Insurance
Commercial General Liability Insurance	Subscribing Insurers through Premiere Insurance Underwriting Services Inc.	591-140S	April 1 <sup>st</sup> , 2012	\$3,000,000 (Can.) General Liability Insurance

<b>ADDITIONAL INSURED (LEGAL NAME):</b>		IF ADDITIONAL LIST ATTACHED, PLEASE CHECK <input type="checkbox"/>
1. _____	4. _____	
2. _____	5. _____	
3. _____	6. _____	
<p>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.</p>		

This certificate has been approved by: \_\_\_\_\_  
 Tara Davidson – Administrative Assistant