



REQUEST FOR CERTIFICATE OF INSURANCE

Please fill out one form for each Club, league and/or event:

☐ Registered Club Activities *All participants must be OVA members ☐ Sanctioned OVA Competition/Event

☐ Recreational League ☐ Other _____

Name of Club / League / Event: _____

Description of Activities / Event: _____

Location of Activities / Event: _____

Date(s) of Activities / Events: From: _____ To: _____

Name of Event/Club Contact: _____

Phone #: _____ Email: _____ Fax: _____

Certificate of Insurance to be sent to:

Name: _____ Email: _____ Fax: _____

To guarantee quick delivery of Certificates of Insurance,
please ensure all email addresses and fax numbers are accurate.

Additional Insured

It is understood and agreed that the following entities are added to the policy as Additional Insureds, but only with respect to the operation of the Named Insured above.

1. Name: _____
Full Address: _____
2. Name: _____
Full Address: _____
3. Name: _____
Full Address: _____
4. Name: _____
Full Address: _____

(Attach list if more Additional Insureds are required)

Please return completed form to:
Ontario Volleyball Association
insurance@ontariovolleyball.org