



## **CERTIFICATE OF INSURANCE REQUEST**

### **KIN CANADA**

Attn: Mélanie Nieson  
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**NOTE:** *When using this form please fax a copy of your request to Kin Canada only*

Club Requesting Certificate:	_____
Person Requesting Certificate:	_____
Fax Number (copies will be faxed):	( ) - _____
Phone Number:	( ) - _____
Email address:	_____

Name of Event:	_____
Description of Event:	_____
What will the Club be doing or what services will be provided?	_____
Date(s) of Event:	_____

**Who has requested this certificate. i.e.: City of Toronto (known as Certificate Holder):  
Complete Address Must Be Provided**

Name of Organization (Certificate Holder):	_____
Address of Organization:	_____
Postal Code:	_____
Attention of:	: _____

Has the Certificate Holder requested to be added as Additional Insured?  Yes  No

**Comments/Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** *All original Certificates will be mailed directly to the Certificate Holder, unless otherwise specified.*