



# Certificate of Insurance Request Form

NAVY LEAGUE  LIGUE NAVALE

On occasion, you may be asked by a supporter/agency/corporation to provide proof of liability insurance in order to have access to facilities to conduct approved activities. The Certificate of Insurance will provide such proof and can be obtained by completing this form and submitting it to the appropriate Cadet League National Office

Requests for Certificates of Insurance should be submitted at least a month (if possible) prior to first date of event for which they are intended.

|   |                          |                           |                          |                              |                          |             |                          |
|---|--------------------------|---------------------------|--------------------------|------------------------------|--------------------------|-------------|--------------------------|
| <b>League:<br/>(Check appropriate box)</b>              | <input type="checkbox"/> | <b>Air Cadet</b>          | <input type="checkbox"/> | <b>Army Cadet</b>            | <input type="checkbox"/> | <b>Navy</b> | <input type="checkbox"/> |
| <b>Cadet Corps/Squadron Unit Number &amp; Name:</b>     |                          |                           |                          |                              |                          |             |                          |
| <b>Commanding Officer or League Official:</b>           |                          |                           |                          |                              |                          |             |                          |
| <b>Commanding Officer's or League Official's Phone:</b> |                          | <b>Fax:</b>               |                          | <b>E-mail:</b>               |                          |             |                          |
| <b>Nature of Activity:</b>                              |                          |                           |                          |                              |                          |             |                          |
| <b>Date(s) of Activity:</b>                             |                          |                           |                          |                              |                          |             |                          |
| <b>Location Where Activity is to Take Place:</b>        |                          |                           |                          |                              |                          |             |                          |
| <b>Location Address:</b>                                |                          |                           |                          |                              |                          |             |                          |
| <b>Location City:</b>                                   |                          | <b>Location Province:</b> |                          | <b>Location Postal Code:</b> |                          |             |                          |
| <b>Contact Name at Agency:</b>                          |                          |                           |                          |                              | <b>Job Title:</b>        |             |                          |
| <b>Contact's Phone:</b>                                 |                          | <b>Fax:</b>               |                          | <b>E-mail:</b>               |                          |             |                          |
| <b>Contact's Mailing Address:</b>                       |                          |                           |                          |                              |                          |             |                          |
| <b>City:</b>  |                          | <b>Province:</b>          |                          | <b>Postal Code:</b>          |                          |             |                          |
| <b>Name(s) to be added as Additional Insured:</b>       |                          |                           |                          |                              |                          |             |                          |
| <b>Full Address of the Additional Insured:</b>          |                          |                           |                          |                              |                          |             |                          |
| <b>Limit Required:</b>                                  | \$                       |                           |                          |                              |                          |             |                          |
| <b>Requested By:</b>                                    |                          |                           |                          |                              | <b>Date:</b>             |             |                          |

Please forward completed request forms to:  
Air Cadet League of Canada - leaguehq@aircadetleague.com or Fax: (613) 941-3744  
Army Cadet League of Canada – national@armycadetleague.ca or Fax: (613) 941-3744  
The Navy League of Canada – national@navyleague.ca or Fax: (613) 941-3744