

Certificate of Insurance Request Form

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.

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League: (Check appropriate box)		Air Cadet			Army Cadet			Navy	
Cadet Corps/Squadron Unit Number & Name:									
Commanding Officer or League Official:									
Commanding Officer's or League Official's Phone:				Fax:			E-mail:		
Nature of Activit	y:								
Date(s) of Activi	ty:								
Location Where Activity is to Take Place:									
Location Address:									
Location City:		Location Province:					Location Postal C		
Contact Name at Agency:						Job 1	Title:		
Contact's Phone) :		Fax:			ı	E-mail:		
Contact's Mailing Address:									
City:		Prov	ince:				Postal C	ode:	
Name(s) to be added as Additional Insured:									
Full Address of									
Limit Required:	\$								
Requested By:					Date:				

Please forward completed request forms to:

Air Cadet League of Canada - leaguehq@aircadetleague.com or Fax: (613) 991-4347 Army Cadet League of Canada – national@armycadetleague.ca or Fax: (613) 990-8701 The Navy League of Canada – national@navyleague.ca or Fax: (613) 990-8701