**CERTIFICATE OF INSURANCE REQUEST**

Date requested:

To: Authorized contact is: Heather Ambery hambery@biathloncanada.ca

From:

Policy: AL1438

Please issue a **C**ertificate **o**f **I**nsurance (**COI**) for the following event which is sanctioned by

BIATHLON CANADA

\*Fill out all relevant fields.

Date Range: **March 31, 2020 – March 30, 2021**

Organization Name:

Activities: **Sanctioned Biathlon Activities**

Address:

Organization Type:

Please name(s) additional insured(s) needed to be shown on the certificate:

* **Example: City of Prince George**