



## **FACILITY & ICE RENTALS**

### INSURANCE CERTIFICATE REQUEST

**THIS FORM IS TO BE COMPLETED FOR:**

- Ice rental for game(s), practice(s) or tournament(s)
- Meeting or other facility room for team or club meetings

**PLEASE NOTE:**

1. You must attach a copy of the rental agreement with this request.
2. Requests submitted less than two (2) weeks before rental may not be processed.

## **DRYLAND TRAINING PROGRAM**

### INSURANCE CERTIFICATE REQUEST

**THIS FORM IS TO BE COMPLETED:**

- For any off-ice training activities or events where proof of insurance is required;

And accompanied by:

- Dryland Training Instructor Acknowledgement Form (page 3)
- Proof of Instructor's insurance
- Detailed Program Outline

**PLEASE NOTE:**

1. Requests submitted less than two (2) weeks before rental may not be processed.
2. Not all strength and conditioning activities are permitted by the Ontario Hockey Federation (OHF), for more information please read the "OHF Insurance Guide" available at [www.ohf.on.ca](http://www.ohf.on.ca).

## **SPECIAL EVENTS & FUNDRAISING**

### INSURANCE CERTIFICATE REQUEST

**THIS FORM IS TO BE COMPLETED FOR:**

- Events other than regular games, practices, tournaments or meetings
- Events like year-end banquets or public relations, or club promotional events

**PLEASE NOTE:**

1. You must attach a copy of the rental agreement with this request.
2. Requests submitted less than two (2) weeks before rental may not be processed.
3. Where alcohol is served, the Supplement Form (page 4) must also be completed.
4. Not all fundraising and special event activities are permitted by the Ontario Hockey Federation (OHF), for more information please read the "OHF Insurance Guide" available at [www.ohf.on.ca](http://www.ohf.on.ca).



# CERTIFICATE OF INSURANCE REQUEST FORM

TO BE COMPLETED FOR:

Facility & Ice Rentals, Dryland Training Programs, Special Events & Fundraising

**FIELDS WITH AN ASTERISK MUST BE FILLED IN AT ALL TIMES**

Please allow 7-10 business days for processing.

\* **This is to certify to:** (name of facility/  
school board/city requesting a certificate) \_\_\_\_\_

\* **Address:** \_\_\_\_\_  
\_\_\_\_\_

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured: **HOCKEY CANADA**  
801 King Edward Avenue, N204, Ottawa ON K1N 6N5

Name of Insured: **ONTARIO HOCKEY FEDERATION**  
400 Sheldon Drive, Unit 9, Cambridge, ON N1T 2H9

\* **Name of Team / Association:** \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\***Description of Event(s):** \_\_\_\_\_

\* **Location of the event(s):**  
(name and address) \_\_\_\_\_

\* **Date(s):** \_\_\_\_\_

TYPE OF INSURANCE	INSURER	POLICY N°	POLICY PERIOD	* LIMIT OF INSURANCE (CANADIAN FUNDS)
Commercial Liability Insurance	Chartis Insurance company of Canada	95053500	September 1 <sup>st</sup> , 2013 to September 1 <sup>st</sup> , 2014	\$ 000,000 General Liability Insurance

Please check if Liquor Liability is required  # of days for cancellation notice (if required) \_\_\_\_\_

Please include a copy of your lease agreement.  Please check if a copy of the lease agreement is attached  
 Please check if additional list attached

\* **ADDITIONAL INSURED:**  
1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.**

This certificate's request form has been approved by: \_\_\_\_\_  
Branch Executive Director or representative



# DRYLAND TRAINING INSTRUCTOR

## INFORMATION & ACKNOWLEDGEMENT FORM

This form must be provided where an Insurance Certificate has been requested by an OHF Member Partner for Dryland Training activities.

**INSTRUCTOR'S INFORMATION:**

Instructor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: _____	Email: _____
Current Designation(s): _____	
Relevant Certification(s): _____	

Do you have any criminal convictions that involve offences to persons, property or drugs or weapons?

**REFERENCES:**

Please provide a minimum of 2 references:

Name	Phone #	Relationship

**INSTRUCTOR ACKNOWLEDGEMENT:**

By signing below you are acknowledging that you have read and understand the "OHF Insurance Guide" and the Dryland Training Guidelines. By signing below you are agreeing to adhere to the requirements of the OHF with respect to dryland training as provided in the OHF Insurance Guide.

Signature	Date
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**FOR OFFICE USE ONLY**

Date Received:	Approved By:	Signature:
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**PLEASE SEND TO ALLIANCE HOCKEY AT:  
 (FAX) 519-273-2114 OR [TPAULI@ALLIANCEHOCKEY.COM](mailto:TPAULI@ALLIANCEHOCKEY.COM)  
 YOU MUST ATTACH A COPY OF THE RENTAL AGREEMENT  
 INCLUDING THE TERMS AND CONDITIONS WITH THIS REQUEST.**



## SPECIAL EVENTS WITH ALCOHOL SUPPLEMENT FORM

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**THIS FORM IS TO BE**

- Completed for special event at which alcohol will be served or sold
- Accompanied by the Special Events Insurance Certificate Request Form

**PLEASE NOTE:**

1. Registered volunteers and participants are not permitted to serve or sell alcohol at any sanctioned event.
2. Alcohol permits must be arranged with the LCBO and must be approved in the name of the facility, not any registered participant or team.
3. Failure to comply with the above will result in the event not being sanctioned and not insured.
4. Requests submitted less than two (2) weeks before event may not be processed.

**EVENT DETAILS:**

Dates:

Event Description:

Is the alcohol permit (LCBO) registered to the facility?

Yes

No (if "no" then to whom?)

Will the facility be providing servers?

Yes

No (if "no" then who will serve?)

- It is recommended that teams, clubs and associations conduct any event involving alcohol at an established serving facility such as a restaurant or banquet hall.
- If this event is not sanctioned and the organizer proceeds please note that alternative insurance coverage will need to be arranged.

**FOR OFFICE USE ONLY**

Date Received:

Approved By:

Signature:

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YOU MUST ATTACH A COPY OF THE RENTAL AGREEMENT  
**INCLUDING THE TERMS AND CONDITIONS** WITH THIS REQUEST.