

To: PBL Insurance Limited – Windsor Ontario

Fax: 519-254-2150

Attn: Rhonda Boucher

Request for Certificate of Insurance

Policy Number: Hub International Policy no. 551461627-1012

Facility/Location Holding The Event:

Name & Address : _____

Phone # : _____

Facility Insurance Information:

Company Name: _____

Policy Number: _____

Club Details:

Ratified Student Group Holding Event: _____

Event Details:

Type of Function: _____

Number of People at Function : _____

Will Liquor be served at the event: Yes / No Yes No

Event Date: _____ to _____

Start Time : _____ am / pm AM PM

End Time : _____ am / pm AM PM

Event Description (Please List all Activities):

UWSA Official Off-Campus Events Insurance Form

Insured Organization:

University of Windsor Students' Alliance
401 Sunset Avenue
Windsor ON N9B 3P4

Club Details:

Ratified Student Group Holding Event: _____

Please Note that 2 of the Ratified Club Executives Hosting the Event must be in full knowledge of this form

Club President: _____ Phone/Email: _____

Club Executive: _____ Phone/Email: _____

Event Executive*: _____ Phone/Email: _____

* To act as contact during event at all times

Signature Of Proprietor: _____

Name & Position

Date

PLEASE NOTE:

If certificate holder requests to be added as additional insured, a written request must be provided.

Signature of Club & Event Executives (Please Ensure all Above Information is Correct):

Club President : _____ Date: _____

Club Executive : _____ Date: _____

Event Executive : _____ Date: _____

** For Office Use – Please Email a Scanned Copy to All Club Executives and Groups Coordinator, Keep Original for File **

** Fax only the First Page to Ms. Boucher **