



**ALBERTA SOCCER ASSOCIATION**  
*The Governing Body of Soccer in Alberta*

9023 111 Avenue  
Edmonton, AB T5B 0C3

Ph: 780 474 2200  
Fax: 780 474 6300



## CERTIFICATE OF INSURANCE REQUEST FORM

**Instructions:**

**Club:** Please complete all sections of this form and forward it to your district for approval.

**District:** Approve Club request, then email completed form to Rachel Appels, [operations@albertasoccer.com](mailto:operations@albertasoccer.com) with cc to Shaun Lowther, [techdir@albertasoccer.com](mailto:techdir@albertasoccer.com)

**ASA:** Forward to AON. Once approved, email back to club with cc to district.

*Note: Certificate of insurance can be requested for any location within Canada or USA.*

**Requesting Club/Organization Information**

Club/Organization Name: \_\_\_\_\_

Club/Organization Contact Person: \_\_\_\_\_

Position with Club/Organization: \_\_\_\_\_

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

District/Tier/Division: \_\_\_\_\_

**Third Party/Certificate Information**

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

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

Province/State: \_\_\_\_\_

Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Reason for Certificate of Insurance**

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

\*Event Type: On Field      Off Field

Description of event: (e.g. indoor/outdoor field time, registration booths, banquets/awards evenings, etc.)

*\*If your event is on field, and in the province of Alberta, start date and end date can be based on indoor/outdoor season timelines.*



**Empower Results®**