ALBERTA SOCCER ASSOCIATION
The Governing Body of Soccer in Alberta

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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 Chazz Tarbet, intern@albertsoccer.com with cc to Shaun Lowther, execdir@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.*

AON
Empower Results®