



Ontario
Karate
Federation

Certificate of Insurance Request Form

CLUB INFORMATION

Club Name: _____

Club Contact Person: _____

Position within Club: _____

Email Address: _____

THIRD PARTY/CERTIFICATE INFORMATION:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Dates Required: _____

Reason for certificate insurance (ie: indoor/outdoor field time, registration booths, banquet/awards evenings, etc.): _____

Instructions:

1. **CLUB** - Please complete all sections of this form and **forward to Ontario Karate Federation** for approval.

HUB INTERNATIONAL HKMB – will email form back to the club and cc the district