**CHRISTMAS KETTLE/EVENT INSURANCE**

**INFORMATION REQUIRED**

**E-mail completed form to: Kettles\_Leases\_Insurance@can.salvationarmy.org**

*(This section should include name & address of the property owner as outlined in the lease)*

|  |  |
| --- | --- |
| **CERTIFICATE HOLDER:** |  |
| **ADDRESS & UNIT #** |  |
| **CITY** |  |
| **PROVINCE** |  |
| **POSTAL CODE** |  |

*(This section should include details including location (e.g. name & address of mall, specific area if inside a mall, date range of kettle placement or date of Christmas event)*

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| **DESCRIPTION OF EVENT OR PREMISES INCLUDING DATE/PERIOD NEEDED**  **Event:**  **Location/Address:**  **Date/Date Range:** |

*(This section should include any special requirements outlined in the lease e.g. property owner may require to be added as additional insured)*

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| **ADDITIONAL INSURED INFORMATION REQUIRED** |
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**Requested by (Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ministry Unit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Submitted**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_