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| **REQUEST FOR CERTIFICATE OF INSURANCE** | | | | | | | |
| Salvation Army Division & Address:  Ontario Division – 1645 Warden Avenue | | | | | | Mail To:  □ Certificate Holder ☒ Salvation Army HQ | |
| City  Toronto | | Province  ON | | | | Postal Code  M1R 5B3 | |
| Name of Person Requesting Certificate of Insurance:  Dan Hainaut | | | | Date of Request: | | | |
| Telephone:  (416) 321-2654 | | | | Fax:  (416) 321-8136 | | | |
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| 1. | Property Owner Name and Address: | | | | | | |
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| 2. | Type of Coverage Required in Accordance with Agreement, Contract or Lease: | | | | | | |
| ✔ Commercial General Liability (Including Bodily Injury & Property Damage) | | | | | | |
| Property Insurance (Tenants Improvements, Owned and/or Leased Equipment, etc.) | | | | | | |
| Automobile (Third Party Liability) | | | | | | |
| 3. | Ministry Unit name and address: | | | | 4. Description of Premises: (dates, location, etc.) | | |
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| 5. | Special Requirements, if any: (e.g., Additional Insured – please include copy of Certificate Holder’s request or contract provision with this request) | | | | | | |
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| Requested By: Dan Hainaut | | | PRINT NAME  Dan Hainaut | | | | SIGNATURE |
| Email  dan.hainaut@salvationarmy.ca | | | Telephone  (416) 321-2654 | | | | Fax  (416) 321-8136 |