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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 |
| CityToronto | ProvinceON | Postal CodeM1R 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 NAMEDan Hainaut | SIGNATURE |
| Email  dan.hainaut@salvationarmy.ca | Telephone(416) 321-2654  | Fax(416) 321-8136 |