**CERTIFICATE OF INSURANCE (COI) REQUEST**

Product: Commercial General Liability (CGL)

|  |  |  |
| --- | --- | --- |
| **Date of Request:** |  | **Send the Certificate Request to info@tribc.org** |

|  |  |
| --- | --- |
| **Certificate Information (COI)** |  |
| **Policy Number** | **CAS780941-03** |
| **Name of Insured** |  |
| **Name of Organization** | **Triathlon BC** |
|  |  |
| **Please select the Type of Certificate below:** | |
| New certificate | |
| Amendment to existing certificate already issued | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Insurance Coverage Requested** |  |  |  |
| **Coverage** |  |  |  |
| Commercial General liability | $5,000,000 |  |  |
| Any alcohol (Y or N) being served during this event | | Yes | No |
| If yes, is this a beer garden? |  | Yes | No |
|  |  |  |  |
| **Effective Date(s) & Time** |  |  |  |
| From (mm/dd/yyyy): |  | Specific Time |  |
| To (mm/dd/yyyy): |  | Specific Time |  |
|  |  |  |  |
| **Activities/Event Details:** |  |  |  |
|  | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Insurance Coverage Requested** | | | | | |  |  |  |  |
| **#1 Facility Name:** | | | | |  | | | | |
| Address: | | | |  | | | | | |
| City: | |  | | | | Prov./state: |  | Postal/Zip Code |  |
|  | | | | |  |  |  |  |  |
| **#2 Facility Name:** | | | | |  | | | | |
| Address: | | |  | | | | | | |
| City: |  | | | | | Prov./state: |  | Postal/Zip Code |  |
|  | | | | |  |  |  |  |  |
| **Other Location(s)** (Please specify Facility Name and Address): | | | | | | | |  |  |
|  | | | | | | | | | |
|  | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Additional insured(s)** | |  |  |  |  |
| **#1 Additional Insured:** | |  |  |  |  |
| Name: |  | | | | |
|  |  |  |  |  |  |
| **#2 Additional Insured:** | |  |  |  |  |
| Name: |  | | | | |
|  |  |  |  |  |  |
| **#3 Additional Insured:** | |  |  |  |  |
| Name: |  | | | | |
|  |  |  |  |  |  |
| **#4 Additional Insured:** | |  |  |  |  |
| Name: |  | | | | |
|  |  |  |  |  |  |
| **Other Additional Insured:** | |  |  |  |  |
|  | | | | | |
|  | | | | | |