



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:

