



## Ontario Amateur Wrestling Association

103 - 1 Concorde Gate, Toronto, Ontario M3C 3N6

Telephone: (416) 426-7274

Web Site: <http://www.oawa.ca> E-mail: [admin@oawa.ca](mailto:admin@oawa.ca)

### INSURANCE CERTIFICATE REQUEST FORM

Send form to the Ontario Amateur Wrestling Association [admin@oawa.ca](mailto:admin@oawa.ca)

The OAWA can provide your club with any needed Third Party Liability Insurance Certificates for any competition or special event your club is hosting or for your regular training use of facilities.

As part of your OAWA Membership Service package, your club is covered by a \$10-million-dollar Comprehensive Liability Insurance program. This includes coverage for use of rental facilities. Contact OAWA for more details on coverage.

Many Municipalities, School Boards and private renters require proof of this insurance as part of rental agreements for facilities used either for events (eg. Tournaments) or regular practices. The OAWA provides this service to your club at no cost. We must submit a request to our Insurance Carrier with each request, so need some information from you. Please complete this form and submit it to OAWA. **Some Renters will not allow you to use the space until you provide this, so be sure to leave yourself enough time.**

**Please allow at least 1 week for all Certificate requests.** Please recall that OAWA insurance cannot be extended for special events (dinners, etc.) where any alcohol is being served. Specialized insurance is available for this purpose, either available through OAWA or your Facility provider. Added fees will apply.

Name of Insured:	Ontario Amateur Wrestling Association 103 - 1 Concorde Gate Toronto, ON M3C 3N6
Name Member Club:	
Name & Address of Company/Organization who is requesting Certificate from Insured:  (i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities/ Not an insured member)	
Is your Certificate for (Check one): Please specify details if you select 'other' (eg. Awards dinner, fundraising event, etc.)	Competition: _____ On-going club training: _____  Other: _____ Specify: _____
Location of Club Training or Event being requested for (location name and address):	
Date of event (if for a Competition):	
Days of the week and times Club Trains in location (if for club training)	
Date Certificate Requested:	

<b>Name &amp; Address of Additional Insured(s) (if any)</b>	
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