CBTF Insurance Certificate Request Form

To use the online form:

- Type your information into the appropriate box and click the Submit button.
- Fields marked with the * are mandatory and must be provided.
- The request will be sent directly to our insurance broker by email.
- A copy of the request will be sent to the email address entered in 'Email' field on the form.

The information entered below will be sent directly to our insurance broker and a certificate will be issued by them.

Contact Information From * Name of person requesting Insurance Certificate
Mailing Address *
Mailing address to receive paper certificate. Enter full address including City, Province and Postal Code.
E-mail * Email address of person requesting Insurance Certificate. Used if any clarifications are required.
Fax Number Optional. Fax number to receive copy of insurance certificate. Remember to include your Area Code.
Request Details Club Name Optional. Club name that should appear on the certificate.
Sanction Number * Sanction Number provided by the Provincial or National Sanction Officer. Without a valid Sanction #, no certificate will be issued.
Type of Event * Enter the Type of Event that was indicated on your Sanction Request Form
Name and Address of Facility *
The location of the event. Enter full address including City, Province and Postal Code.
Name and Address of School Board or Landlord *
Business address of the School Board or facility landlord. Enter full address including City, Province and Postal Code.
Any Special Conditions
CAPTCHAThis question is for testing whether or not you are a human visitor and to prevent automated spam submissions.
Which word does not belong to the list? * ❍ orange
❍ pink
❍ frog
❍ brown
❍ gold

Submit

Source URL:https://www.cbtf.ca/webform/cbtf-insurance-certificate-request-form?mini=2022-03