**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** | **CAS780941-02** |
| **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 | [x] $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:** |  |  |  |  |
|   |
|   |