



### CERTIFICATE OF INSURANCE (COI) REQUEST

Product: Commercial General Liability (CGL)

Date of Request: \_\_\_\_\_ Send the Certificate Request to [info@tribc.org](mailto: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  \$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:**

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#### 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):

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**Additional insured(s)**

**#1 Additional Insured:**

Name: \_\_\_\_\_

**#2 Additional Insured:**

Name: \_\_\_\_\_

**#3 Additional Insured:**

Name: \_\_\_\_\_

**#4 Additional Insured:**

Name: \_\_\_\_\_

**Other Additional Insured:**

\_\_\_\_\_  
\_\_\_\_\_