



# AFFILIATED CLUB ACTIVITY INSURANCE CERTIFICATE REQUEST FORM

Please complete and return **one form for each sanctioned activity**. To ensure coverage, request forms must be received a minimum of 14 days prior to an *approved* training event.

In order to issue an insurance certificate and activate coverage, the following conditions must be met:

- Clubs must be active and affiliated with Triathlon BC to receive an Insurance Certificates.
- Clubs that host participants under 19, must have a coach’s criminal record on file with Triathlon BC.
- All participants, including the attending coach, must be members of Triathlon BC (Annual or Day membership).
- A minimum of one member coach must be present at all training activities.
- Minimum coach accreditation is NCCP Community Triathlon.

Insurance Request Forms can be emailed to [info@tribc.org](mailto:info@tribc.org). Please allow a minimum of 72 hours to process.

## ACTIVITY INFORMATION (PLEASE PRINT)

**Triathlon BC Affiliated Club Name:**

**Name of Training Event:**

**Date(s) of Training Event(s):**

**Specific Location of Training Event:**

**Type of Training:**

**Estimated number of Triathlon BC Member participants:**

**Name of Attending Coach:**

**TriBC Number (MANDATORY):**

**NCCP Coach Number:**

**Sport Certification:**

**Level of NCCP Certification:**

## NAMES TO APPEAR AS CO-INSURED (PLEASE PRINT) A CERTIFICATE OF INSURANCE WILL BE EMAILED TO THE CLUB REGISTRAR ONLY.

*NOTE: Volunteers and business are automatically covered. Unless specifically requested, please do not list all businesses, volunteer groups and sponsors affiliated with the event as co-insured parties.*

1.) Business Name:  
Relationship to the event:

Contact Person:

2.) Business Name:  
Relationship to the event:

Contact Person:

3.) Business Name:  
Relationship to the event:

Contact Person:

4.) Business Name:  
Relationship to the event:

Contact Person:

5.) Business Name:  
Relationship to the event:

Contact Person:

6.) Business Name:  
Relationship to the event:

Contact Person:

If additional co-insured parties must be listed, please attach to separate page.