

# Conservation Ontario - Certificate Request Form

Tel: 416-349-4373 Fax: 416-815-3351

Send Completed form to: [CertificateRequestsCanada@Marsh.com](mailto:CertificateRequestsCanada@Marsh.com) cc: [Glenn.Sheppard@marsh.com](mailto:Glenn.Sheppard@marsh.com)

## GENERAL INFORMATION

Certificate Holder:

Address:

City: Province: Postal Code:

Attention: Email: (Optional) Fax No.:

## COVERAGES REQUESTED

Please indicate the coverage(s) requested:

<input type="checkbox"/> Property & Business Interruption	Required Limit:	<input type="checkbox"/> Other:	Required Limit:
<input type="checkbox"/> General Liability	Required Limit:	<input type="checkbox"/> Other:	Required Limit:
<input type="checkbox"/> Automobile	Required Limit:	<input type="checkbox"/> Other:	Required Limit:
<input type="checkbox"/> Umbrella Liability	Required Limit:	<input type="checkbox"/> Other:	Required Limit:
<input type="checkbox"/> Boiler & Machinery	Required Limit:	<input type="checkbox"/> Other:	Required Limit:

## ADDITIONAL INSURED

Is the Certificate Holder requesting that they be added to the policy(s) as an **Additional Insured**?  Yes  No

## LOSS PAYEE / LIENHOLDER

Is the Certificate Holder requesting that they be added to the policy(s) as a **Loss Payee** or **Lienholder**?  Yes  No

## CANCELLATION CLAUSE

Is the Certificate Holder requesting a Cancellation Clause to be added?

Yes  No Number of Days: \_\_\_\_\_

## DESCRIPTION (IF ANY)

Please indicate if this certificate of insurance pertains to any particular location / specific operation / vehicle / property / event date, etc.

## ADDITIONAL COMMENTS / INSURANCE REQUIREMENTS (IF ANY)

If this certificate pertains to an Owner/Operator, please be sure to include the **Year, Make and Serial Number** of the vehicle as well as the Unit Number.

## DELIVERY INSTRUCTIONS

Email Certificate to:	Email Copy of Certificate to: jessica.nigro@trca.ca
Send Fax Copy of Certificate to:	Mail original copy to:

## REQUEST FROM

Name Person Requesting (please print): (TRCA PM, Manager, Staff Person Requesting the COI)	Position:
Conservation Authority Requesting:	Phone: ( )
	Email:
Authorized Signature:	Date (mm/dd/yyyy):