

Sport Manitoba
Certificate of Insurance Request

Sport Organization:

Certificate Holder:

Certificate Holder Address:

Additional Insured: Yes No

Full Name & Address of Additional Insured (if different than holder):

Details, if applicable:

Event Name & Location:

Event Dates:

Other (please provide details):

Other Conditions (please specify):

Please forward certificate request to:

Barb Smith

barb.smith@sportmanitoba.ca