



The Anglican Diocese of Ontario

Certificate request Form

Please submit form to:

Joyce Williams, Accounting Assistant of the Incorporated Synod of the Diocese of Ontario

Tel: 613-777-0532 Email: jwilliams@ontario.anglican.ca

All fields on the form must be completed.

1. Name of Parish: _____
2. Parish Address: _____
3. Parish Contact Name: _____
4. Parish Phone No.: _____ Email Address: _____
5. Event Location: _____
6. Location Address: _____
7. Contact Name at location: _____ Title: _____
8. Contact Phone No.: _____ Email Address: _____
9. Describe Event/Activity: _____
10. Food/Drink Provided : Yes No If yes, by whom: _____
11. Policy Period starts one hour before events (function)
Event Start Date: _____ time _____ AM/PM
Event End Date: _____ time _____ AM/PM
12. Will there be liquor served at any of the activities? Yes _____ No _____
If YES, please ask to complete the mandatory Application.
13. Please specify who is requesting this proof of insurance and if they require to be listed as additional insured.
Name: _____
Address: _____
Additional Insured: Yes No
14. Limit of liability : \$2 million \$5 million

Requested By: _____ **Date:** _____