

# STEP by STEP

CLUB

## Certificate of Insurance Request Process

CLUB clicks on the Athletics Ontario's URL link

Once the COI Request is submitted, Athletics Ontario will approve it and then BFL will issue the COI.

Once issued, the certificate will be sent to Athletics Ontario who will forward it to the CLUB.

The process can take up to 5 business days.

CLICK ON [« Submit a Certificate of Insurance Request »](#)



## BFL CANADA Certificate Of Insurance Request

[\*\*Submit a Certificate of Insurance Request\*\*](#)

Fill out the fields and CLIC ON « NEXT »

## BFL CANADA Certificate Of Insurance Request

Sports Home

**Contact:** *(required)*

BFL

**Phone:** *(required)*

1-888-123-4567

**Email:** *(required)*

Sports@bflcanada.ca

**Certificate Language:**

English ▾

**Association:**

REQUEST | ▾

**Club:**

**Certify To:** *(required)*

THE CITY/ARENA (THIRD PARTY)

**Address:**

Street 1

Street 2

City

-- Province -- ▾

POSTAL CD

Liquor Liability

Next

The contact information is to reach the « requester » in case we have questions before issuing the COI

# BFL CANADA Certificate Of Insurance Request

Association:

REQUEST

Club:

ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING

Contact:

BFL

Phone / Email:

1-888-123-4567

Sports@bflcanada.ca

Liquor Liability

Certify To:

THE CITY/ARENA (THIRD PARTY) ( )

Edit

Delete

Add a Certify To

Event(s):

Add an Event

Location:

Add a Location

Additional Insured:

Add an Additional Insured

Upload Files:

(DOC/XLS/PDF) 4MB limit

Browse...

No files selected.

Save Changes and Submit

The « Certify to » area is already filled in. You can EDIT or DELETE if needed. If you want to add another one, click on « Add a Certify To »

# BFL CANADA Certificate Of Insurance Request

**Association:** REQUEST  
**Club:** ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING  
**Contact:** BFL  
**Phone / Email:** 1-888-123-4567 Sports@bflcanada.ca  Liquor Liability  
**Certify To:** THE CITY/ARENA (THIRD PARTY) ( )

**Event(s):**

Click on « Add an Event » and fill out the information.

**Location:**

**Addit**

**Uplo:**  
**(DOC**

Type: EVENT  
Description: DRYLAND / FLOOR HOCKEY  
*If -- OTHER -- event description is selected, enter it here.*  
Start Dt: (mm/dd/yyyy) 08/27/2016  
End Dt: (mm/dd/yyyy) 08/28/2016

Choose a « Description » from the drop down menu  
Select dates by clicking on the calendar icon,  
Click on « Add »

# BFL CANADA Certificate Of Insurance Request

**Association:** REQUEST  
**Club:** ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING  
**Contact:** BFL  
**Phone / Email:** 1-888-123-4567 Sports@bflcanada.ca  Liquor Liability  
**Certify To:** THE CITY/ARENA (THIRD PARTY) ( )

**Event(s):**

**Location:**

**Additional Insured:**

**Location**

Click on « Add a Location »  
and fill out the information.

Fill out the location name  
and/or address,  
Click on « Add »

# BFL CANADA Certificate Of Insurance Request

Association: REQUEST  
Club: ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING  
Contact: BFL  
Phone / Email: 1-888-123-4567 Sports@bflcanada.ca  Liquor Liability  
Certify To: THE CITY/ARENA /THIRD PARTY ( )

Fill out the Additional Insured name,  
Click on « Add »

Name:

Additional Insured:

Upload Files:  
(DOC/XLS/PDF) 4MB limit

No files selected.

Click on « Add an Additional Insured » and fill out the information.

# BFL CANADA Certificate Of Insurance Request

**Association:** REQUEST

**Club:** ALL TEAMS WHO ARE MEMBERS IN GOOD STANDING

**Contact:** BFL

**Phone / Email:** 1-888-123-4567 Sports@bflcanada.ca  Liquor Liability

**Certify To:** THE CITY/ARENA (THIRD PARTY) ( )

Add a Certify To

**Event(s):**

Add an Event

**Location:**

Add a Location

**Additional Insured:**

Add an Additional Insured

**Upload Files:**  
(DOC/XLS/PDF) 4MB limit

No files selected.

If you need to attach a contract or any other document to your request, you can by clicking on « Browse » and choose your file from your documents. Click on « Save Changes and Submit »