



**Anglican Church of Canada Diocese of Ontario  
Certificate of Insurance Request Form**

On occasion, you may be asked by a supporter/ agency/ corporation, to provide proof of liability insurance in order to have access to facilities to conduct activities. The certificate of insurance will provide such proof and can be obtained by simply completing this form and sending it to the following:

Alex Pierson, Diocesan Executive & Financial Officer  
Incorporated Synod of the Diocese of Ontario  
Tel: 613-544-4774 x131 Toll Free: 1-866-524-4774 x131  
E-mail: [Apierson@ontario.anglican.ca](mailto:Apierson@ontario.anglican.ca)

**AON Contact:** Penny Tait ([penny.tait@aon.ca](mailto:penny.tait@aon.ca))  
Phone: 613-792-4856  
Fax: 613-722-3635

1. Please note that items with an \* must be completed.
2. Certificates will be forwarded to Alex Pierson, however if you provide us with an email address we will forward a copy to you directly.
3. You only need to acquire a Certificate of Insurance when requested by outside supporter/agencies/ corporations.

\* **Individual Church Name:** \_\_\_\_\_

\* **Individual Church Address:** \_\_\_\_\_

**Name of Contact Person at Church:** \_\_\_\_\_

**Contact Person Phone:** (\_\_\_\_) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

\* **Nature of Activity:** \_\_\_\_\_

\* **Date(s) of Activity:** \_\_\_\_\_

\* **Location** Where Activity is to Take Place: \_\_\_\_\_

\* **Location Address:** \_\_\_\_\_

\* **Contact Name at Location:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

\* **Contact Person's Phone:** (\_\_\_\_) \_\_\_\_\_ **\*E-mail:** \_\_\_\_\_

\*Does anyone need to be added as Additional Insured: **Yes / No** (Circle one)

If yes, Additional Name(s) to be added: \_\_\_\_\_

Limit Required: \$ \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_