



BFL CANADA Risk and Insurance Inc.
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C/O Mary Skagos, Quebec Federation of Home & School Association, 3285 Cavendish Blvd., Suite 560, Montreal, QC H4B 2L9
 T: (514) 481-5619 F: (514) 481-5610 email: info@qfhsa.org

CERTIFICATE OF INSURANCE REQUEST FORM

This is to certify to:
 (Name of entity requesting proof of insurance) _____

Address: _____

that the following described policy(ies) or binder(s) in force at this date have been effected to cover as shown below:

Name of Insured: **QUEBEC FEDERATION OF HOME AND SCHOOL ASSOCIATION**

and:

Name of Contact: _____ Tel. No.: () _____ Fax No.: () _____

Description of Event(s): _____

Date(s): _____

Type	Insurer	Policy n°	Expiry	Limits - Amounts of Insurance	
Commercial General Liability Insurance	AVIVA	120353-11	December 1, 2012	\$2,000,000 (Can.)	Commercial General Liability Insurance
				\$1,000,000 (Can.)	Tenant's Legal Liability Insurance

ADDITIONAL INSURED (LEGAL NAME):		IF ADDITIONAL LIST ATTACHED, PLEASE CHECK <input type="checkbox"/>
1. _____	4. _____	
2. _____	5. _____	
3. _____	6. _____	
<p>THE ABOVE ENTITIES WILL BE ADDED TO THE POLICY AS ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED DESCRIBED ABOVE. THE CERTIFICATE APPLIES TO THE MEMBERS AND AUTHORIZED PERSONNEL OF THE INSURED WHILE OPERATING WITHIN THE SCOPE OF THEIR DUTIES AND APPLIES ONLY TO THE DATES OF THE EVENT AS MENTIONED ABOVE.</p>		

This certificate has been approved by: _____
Mary Skagos