



INSURANCE & RISK MANAGEMENT
...an Assurex Global Partner

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TELEPHONE (780) 732-7129
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CERTIFICATE REQUEST FORM

INSURED: S.P.E.B.S.Q.S.A. INC

**CHAPTER CODE & NAME(i.e. Z-000
Chapter Name):** _____

**CERTIFICATE HOLDER
(Party requesting certificate):** _____

MAILING ADDRESS: _____

DESCRIPTION OF EVENT: _____

EVENT DATES: _____

ADDITIONAL EVENT INFORMATION:

Is your Organization selling or serving
liquor? ☐ Yes ☐ No

If YES, please provide a copy of the Liquor License for the event

More than 750 people in attendance? ☐ Yes ☐ No

NOTE: If the answer to any of the above questions is YES, coverage is not automatic.
The event must be scheduled with the insurance company and separate Special Event insurance may be required. Additional premiums may apply.

**DOES THE CERTIFICATE HOLDER
NEED TO BE ADDED AS AN
ADDITIONAL INSURED?**

☐ Yes ☐ No

Name of Additional Insured : _____
(If Different than Certificate Holder)

NOTICE OF CANCELLATION: ☐ Not Required ☐ 15 Days ☐ 30 Days

Special Instructions: _____
(if applicable)

CHAPTER CONTACT NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

DATED: _____

Please return to:
Excel Insurance & Risk Management Inc.

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