



CERTIFICATE REQUEST FORM

To be faxed/emailed to A. J. Gallagher Canada Ltd.
Sports Administrator
Sports & Entertainment Department
Email: mga.kmiller@sportmanitoba.ca

Please complete the following and forward to our office & a certificate will be issued within 24 hours

Name of Insured: (Including Address & Postal Code)	Manitoba Gymnastics Association 145 Pacific Ave #310, Winnipeg, MB R3B 0L5
Name of Member Club: (Including Address & Postal Code)	
Certificate Holder: Name & Address of Company/Organization who is requesting Certificate of Insurance from Insured i.e. Municipalities, Government Departments, Sponsors, Owners of Facilities (Not an insured member) Additional Insured Required: ☐	
Description of Operations/Event: Location of Operations:	
Date of Event (if applicable):	
Certificate to be forwarded to: Please include the following; a) Contact Name b) Email Address	

Arthur J. Gallagher Canada Limited