|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **School Council Certificate/Evidence of Insurance Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Certificate (additional insured required) |  | Evidence (no additional insured required) |
|  |  |  |  |  |
|  | New Certificate (require contract) |  | Renewing Certificate to Ref#: |  |

( |
| **Date:** | Wednesday, February 16, 2022 |
| **Email Request Form to:** risk.management@tdsb.on.ca | **To Contact:** 416-395-8219 |
|  |  |
| **Response Time:** |  | **Urgent** |  | **Regular (24 – 48 hours)** |  |

|  |
| --- |
| **School Council Member Requester Information** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Position Title:** |  |
|  |  |  |  |  |
| **Email:** |  |  | **Tel:** |  |

|  |
| --- |
| **School Principal Approval (If “No” Principal Approval – a Certificate will not be issued)** |
|  |
| **Principal** |  |  | **School** |  |
|  |  |  |  |  |
| **Principal Approved (Yes/No)** |  |  |  |
|  |
| **Certificate Information (Information to appear in the certificate)** |

|  |  |
| --- | --- |
| **Named Insured:** | **The Toronto District School Board****5050 Yonge Street, Toronto ON M2N 5N8** |
| **School Council Name:** |  |
| **School Council Contact:** |  |
| **School Council Activity:** |  |
|  |
|  |

|  |  |
| --- | --- |
| **Certificate Holder/Requestor (Organization requesting Certificate):** |  |
| Attention: |  |  | Position: |  |
| Address: |  |
|  |  |  |  |  |  |
|  | (City) |  | (Province) |  | (Postal) |
| Email: |  | Tel: |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Additional Insured Required (***for new certificates, attach contract or insurance clause***) |
|  |  |  |  |
|  | Additional Insured Same as Certificate Holder Above? |
|  |  |  |  |  |
| **List other Additional Insured’s:** |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Purpose of Certificate / Evidence of Insurance & Special Instructions:** |
|  |
|  |
| **TERM:** | **From** (MM/DD/YYYYY) |  | **To** (MM/DD/YYYYY) |  |

|  |
| --- |
| **Distribution** |
|  |  |
|  | **Email directly to Certificate Holder**  |  | **Email to School Council Member Requester** |  | **Email Both** |
|  |  |  |  |  |