# Certificate Request Form

Please complete and e-mail to [philani.moyo@ryerson.ca](mailto:philani.moyo@ryerson.ca).

|  |  |
| --- | --- |
| **Certificate Holder Information (Entity Requesting Certificate)** |  |
| **Street Address** |  |
| **City** |  |
| **Postal Code** |  |

## Describe the Nature of Operations

|  |  |
| --- | --- |
| **Specific Activity** |  |
| **Start date of activity** |  |
| **End date of activity** |  |
| **Person performing activity** |  |
| **Location of activity** |  |
| **Phone** |  |
| **E-mail** |  |

## Limit(s) of Insurance Required (Millions)

|  |  |
| --- | --- |
| **General Liability** |  |
| **Additional Insured** |  |

|  |  |
| --- | --- |
| **Property** |  |
| **Additional Insured** |  |

|  |
| --- |
| Please record any special Instructions here: |