***Ontario Horticultural Association (OHA)***

***Certificate of Insurance Request Form***

***afdsafpodsapofdids***

**Society Information**

**Society Name: Brooklin Horticultural Society**

**Address: 7700 Cedarbrook Trail**

 **Brooklin ON L1M 1L8**

**Society Contact: Hans Paats**

**Position: Vice President**

**Email Address: thehague5@yahoo.com**

**Phone: 905-655-3846**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Third Party/Certificate Information**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Reason for Certificate of Insurance: (e.g. indoor/outdoor event, trade show, banquet event, meeting, etc.):**  *also include length of event (e.g. day(s) of event, once a month, annual, etc.)*

**Annual Brooklin Hort Soc Plant and Yard Sale, Grass Park, Brooklin. Duration 5 hours**

1. **Society:** Please complete all sections of this form and forward it to: Shawn LaPalm: shawn\_lapalm@cooperators.ca or (fax ) 705-745-2255
2. The Co-operators will email or fax the certificate back to the society contact and cc the Provincial Organization. If you have any questions, please call Shawn LaPalm at 1-888-712-2667