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|  | **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.c](mailto:risk.management@tdsb.on.com?subject=Certificate-Evidence%20of%20Insurance%20Request%20Form)a | | | | | **To Contact:** 416-395-8219 | | |
|  | | | | |  | | |
| **Response Time:** | |  | | **Urgent** | |  | **Regular (24 – 48 hours)** | |  | |

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

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

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| **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)** | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Named Insured:** | **The Toronto District School Board**  **5050 Yonge Street, Toronto ON M2N 5N8** | | |
| **School Council Name:** |  |
| **School Council Contact:** |  |
| **School Council Activity:** |  |
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| **Certificate Holder/Requestor (Organization requesting Certificate):** | | | | | | | | | | | | | |  | | | | | | | | |
| Attention: | | |  | | | | |  | Position: | | | | | |  | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | |  | |  | | | | | |  |  | |
|  | | | | (City) | | | | | | | |  | | (Province) | | | | | |  | (Postal) | | | |
| Email: | | |  | | | | | | | | Tel: | | | | | | |  | | | | |
|  | |  | | | | |  | | |  | | |  | | |  | | | | | |  | |
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|  | Additional Insured Required (***for new certificates, attach contract or insurance clause***) | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | |  | | | | | | |
|  | Additional Insured Same as Certificate Holder Above? | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | |  | |  | | | | | | |
| **List other Additional Insured’s:** | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Purpose of Certificate / Evidence of Insurance & Special Instructions:** | | | | |
|  | | | | |
|  | | | | |
| **TERM:** | **From** (MM/DD/YYYYY) |  | **To** (MM/DD/YYYYY) |  |

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