



BFL CANADA risques et assurances inc.
2001 avenue McGill College, bureau 2200
Montréal QC H3A 1G1
Tél. : 514 843-3632
Sans frais : 1-866-688-9888

CERTIFICATE OF INSURANCE REQUEST FORM

MEMBER

Please send it to info@cheval.quebec

Name: _____

Membership number : _____

Adress : _____

Phone number (daytime): _____

Email : _____

Insured : Association équine du Québec (Cheval Québec)

Name of the trail riding club (if necessary) : _____

Date of request: _____

Type of insurance	Insurer	Policy n°	Policy Period	Insurance Limits (Canadian Funds)
Commercial Liability	AIG Insurance Company of Canada	6645-7871	December 1 st , 2016 to December 1 st , 2017	\$5 000 000 per loss

FOR CHEVAL QUÉBEC USE ONLY : Certificate request form approved by : CHEVAL QUÉBEC	<input type="checkbox"/> AIG
	Person in charge _____ No of Certificate _____ Insurer _____
	Date : _____
	Phone number : _____ 514 252-3053
Cheval Québec certificate number : _____	