Certificate of Insurance	Actual Date of Request			
Date of request		certificate reque	st to <u>acs.canada</u>	a@aon.ca
Requester information Named insured	Name of PSO			
Address 145 Pacific Avenue, Win	Specific Name of person requesting for COI			
Specify requestor	Email address of the reques where COI will be sent	1173.21		
Certificate holder information (to Please issue evidence of insurance on Renewable (ongoing) New certificate Amendm	based on the following in		is it for one- certificate or	quested every year or time use? Is it a new just an amendment to reviously requested
Certificate holder name				
Address Pr	ov./state	Postal/zip c	ode	Enter Certificate Holde Name , Address, Emai and Fax No (If Applicab
Email		Fax No.		
Note: Please attach copy of reque	st from your customer, ven	ndor, supplier, etc.	, if available	
Insurance coverage requested				
Coverage L Commercial General liability Tenant's Legal Liability Property	imits required \$ \$ \$	•	reques specifi Cancellati	Insurance Coverage sted and enter the c limit. If Notice of ion is required, fill in ow many days
☐ Other	\$ Please specify cover	erage and limits	- H	
☐ Notice of cancellation	\$ days	erage and mines		
Additional insureds/interests (ch ☐ Additional insured (must be rec		<u> </u>	Additional I	Name of the Insured or Loss Required
		d contract)	Payee	nequired
	s payee	d contract)	Payee	nequired
☐ Same as holder name ☐ Los Please list other additional insured Description/event details/refere	s payee(s) if required		What are we	referencing this

Certificates will be emailed to requestor unless otherwise specified.

Xpress client ID (to be filled by Aon) 32321000328

If you need a rush certificate, please contact your account team. Aon will endeavour to deliver all certificates in 24 – 48 hours to the requestor names above.