

**B.C .Snowmobile Federation**  
**Club Application for Adding Additional Insureds**  
**Fax to Capri Insurance Attention Clayton Prince 1.888.822.6115**

**Date of request** \_\_\_\_\_ **Contact name** \_\_\_\_\_

**Club Name** \_\_\_\_\_

*Please complete one section for each additional insured required. Please ensure that information is complete and legible. Note include event date if applicable*

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Name of additional insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Certificate Required  Yes  No Event dates \_\_\_\_\_

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Name of additional insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Certificate Required  Yes  No Event dates \_\_\_\_\_

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Name of additional insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Certificate Required  Yes  No Event dates \_\_\_\_\_

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Name of additional insured \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Certificate Required  Yes  No Event dates \_\_\_\_\_

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**Signature** \_\_\_\_\_ (required)

**Please send one copy to Capri Insurance 1.888.822.6115, one copy to BCSF office  
1.250.845.7040 & retain one copy for your records**