

CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Town of St. Marys	Ontario Artistic Swimming and Member Clubs
Pyramid Recreation Centre	83 Galaxy Blvd., Unit 2
317 James Street South	
St. Marys ON <small>POSTAL CODE</small> N4X 1B6	Etobicoke ON <small>POSTAL CODE</small> M9W 5X6

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Sanctioned activities of the Named Insured with respect to activities to support the sport of artistic swimming
 Member Club: London Regional Artistic Swimming Club (1045 Wonderland Road N, London, ON N6G 2Y9)
 The certificate holder is added as an additional insured to the Commercial General Liability Coverage Policy, but only with respect to liability arising out of operations carried out by or on behalf of the Named Insured, excluding any automobile liability.
 See Attached...

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> E&O/D&O LIAB <input checked="" type="checkbox"/> PARTICIPANT LIAB	GameDay Insurance Inc. GAME00499	2022/04/01	2023/04/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	1,000	10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		10,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		10,000,000
				MEDICAL PAYMENTS		10,000
				TENANTS LEGAL LIABILITY	1,000	2,000,000
				POLLUTION LIABILITY EXTENSION		
				Directors & Officers Liability,	1,000	5,000,000
				Participant Liability		Included
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	GameDay Insurance Inc. ACCI00500	2022/04/01	2023/04/01	NON-OWNED AUTOMOBILES		10,000,000
				HIRED AUTOMOBILES	1,000	50,000
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS <small>(Commercial General Liability- but only with respect to the operations of the Named Insured)</small>
Arthur J. Gallagher Canada Limited	Town of St. Marys
435 McNeilly Road, Suite 203	Pyramid Recreation Centre
Stoney Creek ON <small>POSTAL CODE</small> L8E 5E3	317 James Street South
BROKER CLIENT ID:	St. Marys ON <small>POSTAL CODE</small> N4X 1B6

8. CERTIFICATE AUTHORIZATION			
ISSUER Arthur J. Gallagher Canada Limited	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE <i>Huong Nguyen</i> , CIP	TYPE Phone NO. 905-575-1122	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Huong Nguyen</i>	TYPE Fax NO. 905-643-8321	TYPE	NO.
	DATE 2022/04/01	EMAIL ADDRESS Huong_Nguyen@ajg.com	

DESCRIPTIONS Continued.

Re: Pyramid Recreation Centre 317 James Street South St. Marys, ON N4X 1B6
Date: April 1, 2022 to March 31, 2023