



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		
Western University			Ontario Artistic Swimming and Member Clubs		
1231 Western Rd			83 Galaxy Blvd., Unit 2		
London ON			Etobicoke ON		
POSTAL CODE N6G1H3			POSTAL CODE 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)

Provincial Artistic Swimming Sanctioned Activities
Exclusions Included: Virus, Bacteria, Disease And Contagion Exclusion; Total Liquor and Marijuana Liability Exclusion
Participant Liability Included
Member Club and Address: London Regional Artistic Swimming Club 1045 Wonderland Rd N, London ON, N6G2Y9 Artistic swimming training within the pool facility. 1231 Western Rd. London ON N6G1H3 Date of Event: April 2025 - April 2026

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 type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/>	Certain Underwriters at Lloyd's of London CAS945491-01	2025/04/01	2026/04/01	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		2,500
				TENANTS LEGAL LIABILITY	1,000	250,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Certain Underwriters at Lloyd's of London CAS945491-01	2025/04/01	2026/04/01	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES	1,000	2,000,000 50,000
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 AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Abuse Coverage <input type="checkbox"/>	Certain Underwriters at Lloyd's of London CAS945491-01	2025/04/01	2026/04/01	Abuse Coverage	5,000	500,000

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 (Commercial General Liability- but only with respect to the operations of the Named Insured)		
Arthur J. Gallagher Canada Limited					
435 McNeilly Road, Suite 203					
Stoney Creek ON					
POSTAL CODE L8E 5E3					
BROKER CLIENT ID:			POSTAL CODE		

8. CERTIFICATE AUTHORIZATION

ISSUER Arthur J. Gallagher Canada Limited	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE Jason Jansson	TYPE Phone	NO. 905-575-1122	TYPE	NO.
	TYPE Fax	NO. 905-643-8321	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2025/03/28		EMAIL ADDRESS Kara_Glauser@ajg.com	