

# Certificate of Insurance - Standard

**This is to certify that the Insured named below is insured as described:**

**\*\*\* This form must be completed and signed by your insurer or insurance broker.\*\*\***  
 Note: Proof of liability insurance will be accepted on this form only (with no amendments).

Member Club London Regional Artistic Swimming Club 1045 Wonderland Rd. N, London ON N6G 2Y9

Named Insured				E-mail address			
Insured's address (street name, city, province and postal code)				Telephone number		Fax number	
Type of insurance	Insurance Company (full legal name)	Policy Number	Effective Date Year Month Day	Expiry Date Year Month Day	Limits of Liability (bodily injury & property damage - inclusive)		
Commercial General Liability					Occurrence		
					\$		
<input type="checkbox"/> Umbrella <input type="checkbox"/> Excess					Occurrence		
					\$		
Other (Explain.)					Occurrence		
					\$		
					Aggregate		
					\$		

Location Canada Games Aquatic Centre 1045 Wonderland Rd. N, London ON N6G 2Y9

Commercial General Liability: **Occurrence Basis**, Including Personal Injury, Property Damage, Broad Form Property Damage, Contractual Liability, Non-Owned Automobile Liability, Owner's and Contractor's Protective Coverage, Products - Completed Operations, Contingent Employers Liability, Cross Liability Clause and Severability of Interest Clause.

Tenant's Legal Liability:  NO or  YES. . . (Limit) \$ \_\_\_\_\_

Liquor Liability:  NO or  YES

THE CORPORATION OF THE CITY OF LONDON, the London Convention Centre, Covent Garden Market Corporation, Museum London o/b London Regional Art & Historical Museums, London Public Library Board, London Police Service, Housing Development Corporation, London and London Middlesex Housing Corporation have been added as an additional Insured but only with respect to their interest in the operations of the Named Insured.

If cancelled or changed in any manner, that would affect the City of London or other scheduled additional Insured for any reason, so as to affect this certificate, thirty (30) days prior written notice by registered mail or facsimile transmission will be given by the insurer(s) to:

**The Corporation of the City of London**  
**Attention: Risk Management Division**  
**520 Wellington Street, Unit 1**  
**P O Box 5035**  
**London, ON N6A 4L9**

Office location:  
Mailing address:

Fax: **519 661-4631**  
E-mail: **certificates@london.ca**

Motor vehicle liability	Insurance Company	Policy Number	Effective Date (YYYYMMDD)	Expiry Date (YYYYMMDD)	Limits of Liability \$
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**Motor Vehicle Liability - must cover all vehicles owned, or operated by, or on behalf of the insured.**

This is to certify that the Policies of Insurance as described above have been issued by the undersigned to the Insured named above and are in force at this time.

This certificate is executed and issued to the aforesaid Corporation of the City of London, the day and date herein written.	
Name of insurance company or broker (completing form)	Telephone number
Address	Fax number
Name of authorized representative or official ( <b>Please print.</b> )	E-mail address
Signature of authorized representative or official <i>Kaa Glauser</i>	Date (YYYY-MM-DD)