

CERTIFICATE OF INSURANCE					ISSUE DATE (MM/DD/YY) 04/13/2021		
BROKER Arthur J. Gallagher Canada Limited 435 McNeilly Road Suite 103 Stoney Creek, ON L8E 5E3 Canada PHONE: 800-461-5087 FAX: 905-643-8321			This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.				
INSURED'S FULL NAME AND MAILING ADDRESS Ontario Artistic Swimming 12-89 Galaxy Blvd. Etobicoke, ON M9W 6A4 Canada			Company A	GameDay Insurance Inc. Underwritten by Aviva Canada			
			Company B				
			Company C				
			Company D				
			Company E				
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 requirement, term or condition 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 the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.							
TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCURRENCE ☒ PRODUCTS AND/OR COMPLETED OPERATIONS ☒ PERSONAL INJURY ☒ EMPLOYER'S LIABILITY ☒ TENANT'S LEGAL LIABILITY ☒ NON-OWNED AUTOMOBILE ☒ HIRED AUTOMOBILE	A	GAME00499 - Includes Full Participant Liability, Cross Liability, Contractual Liability & Severability of Interest Clause	04/01/2020	06/01/2021	EACH OCCURRENCE	\$ 5,000,000	
					GENERAL AGGREGATE	\$	
					PRODUCTS - COMP/OP AGGREGATE	\$ 5,000,000	
					PERSONAL INJURY	\$ 5,000,000	
					EMPLOYER'S LIABILITY	\$ 5,000,000	
					TENANT'S LEGAL LIABILITY	\$ 2,000,000	
					NON-OWNED AUTOMOBILE	\$ 5,000,000	
					HIRED AUTOMOBILE	\$ 50,000	
					AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ LEASED AUTOMOBILES ** ☐ GARAGE LIABILITY **ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE		
BODILY INJURY (Per person)	\$						
BODILY INJURY (Per accident)	\$						
PROPERTY DAMAGE	\$						
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM						EACH OCCURRENCE	\$
						AGGREGATE	\$
OTHER (SPECIFY)							\$
							\$
							\$
							\$
							\$
DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED Sanctioned Activities of the Named Insured with respect to Amateur Synchronized Swimming Activities The Corporation of the City of Oshawa is/are added as Additional Insured but only with respect to the operations of the Named Insured Ontario Artistic Swimming for the Member Club; Durham Synchronized Swimming Club, P.O. Box 80057, STN Rossland and Garden, Whitby, Ontario, L1N 0A4 for use of Facilities at Civic Recreation Complex, 99 Thornton Road S, Oshawa, Ontario, L1J 5Y1. Contagious Disease Exclusion (Form 5210703) Waiver of Subrogation is in favour of The Corporation of the City of Oshawa, Recreation & Culture Services, 50 Centre Street South, Oshawa, ON L1H 3Z7. This waiver shall apply only in respect to the specific contract entered into, prior to the date of loss, existing between the insured and such principal, and shall not be construed to be a waiver in respect to the operations of such principal in which the insured has no contractual interest. 30 Day Notice of Cancellation Included. Member Club: Durham Synchronized Swimming Club							
CERTIFICATE HOLDER The Corporation of the City of Oshawa Recreation & Culture Services 50 Centre Street South Oshawa, ON L1H 3Z7			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Per: _____ Page 1 of 1				