

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/27/2020

**BROKER**

Arthur J. Gallagher Canada Limited  
435 McNeilly Road  
Suite 103  
Stoney Creek, ON L8E 5E3  
Canada  
PHONE: 1-800-461-5087 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.

|           |                                                        |
|-----------|--------------------------------------------------------|
| Company A | GameDay Insurance Inc. underwritten by Aviva Insurance |
| Company B |                                                        |
| Company C |                                                        |
| Company D |                                                        |
| Company E |                                                        |

**INSURED'S FULL NAME AND MAILING ADDRESS**

Ontario Artistic Swimming  
12-89 Galaxy Blvd.  
Etobicoke, ON M9W 6A4  
Canada

**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<br>(Canadian dollars unless indicated otherwise) |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|----------------------------------------------------------------------|--------------|
| <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS MADE<br><input checked="" type="checkbox"/> OCCURRENCE<br><input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS<br><input checked="" type="checkbox"/> PERSONAL INJURY<br><input checked="" type="checkbox"/> EMPLOYER'S LIABILITY<br><input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY<br><input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE<br><input checked="" type="checkbox"/> HIRED AUTOMOBILE | A      | GAME00499 -<br>Includes Full Participant Liability, Cross Liability, Contractual Liability & Severability of Interest Clause | 04/01/2020                       | 04/01/2021                        | 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    |
| <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> DESCRIBED AUTOMOBILES<br><input type="checkbox"/> ALL OWNED AUTOMOBILES<br><input type="checkbox"/> LEASED AUTOMOBILES **<br><input type="checkbox"/> GARAGE LIABILITY<br><small>**ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>                                                                                                                                                                |        |                                                                                                                              |                                  |                                   | BODILY INJURY<br>PROPERTY DAMAGE<br>COMBINED                         | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   | BODILY INJURY<br>(Per person)                                        | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   | BODILY INJURY<br>(Per accident)                                      | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   | PROPERTY DAMAGE                                                      | \$           |
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                              |                                  |                                   | EACH OCCURRENCE                                                      | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   | AGGREGATE                                                            | \$           |
| <b>OTHER (SPECIFY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |                                                                                                                              |                                  |                                   |                                                                      | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   |                                                                      | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   |                                                                      | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   |                                                                      | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                                                                                                                              |                                  |                                   |                                                                      | \$           |

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED**

Sanctioned Activities of the Named Insured with respect to Amateur Synchronized Swimming Activities  
Boys & Girls Club of Durham 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 Synchro Club, PO Box 59014, 728 Anderson Street, Whitby, L1N 0A4. For use of Facilities.

**CERTIFICATE HOLDER**

Boys & Girls Club of Durham  
433 Eulalie Ave  
Oshawa, ON L1H 2C6  
Canada

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 30 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: \_\_\_\_\_

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