



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	
Centre Wellington Minor Lacrosse Association		OntarioLacrosseAssoc & all member clubs, leagues & teams registered in good standing	
P.O. Box 385		1 Concorde Gate, 200C	
Fergus ON		POSTAL CODE N1M 3E2	Toronto Ontario
		Box 51	
		POSTAL CODE	M3C 3N6

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Activities of the Named Insured with respect to lacrosse for tryouts, practices, games and meetings for the 2023 season.

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 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 type="checkbox"/> <input type="checkbox"/>	Aviva Insurance through K & K Insurance Brokers, Inc Canada - AVP406492	2023/01/01	2024/01/01	COMMERCIAL GENERAL LIABILITY	\$5,000	\$10,000,000
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE		\$10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$10,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
				<input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		\$10,000
				TENANTS LEGAL LIABILITY		\$250,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Aviva Insurance through K & K	2023/01/01	2024/01/01	NON-OWNED AUTOMOBILES		\$5,000,000
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES		
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE		
<input type="checkbox"/>						
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 endeavour 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)	
Youngs Insurance Brokers Waterdown 95 Hamilton Street N		Centre Wellington Minor Lacrosse Association & Township of Centre Wellington 1 Macdonald Square	
Waterdown ON		POSTAL CODE LOR 2H0	

BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Youngs Insurance Brokers Waterdown	AUTHORIZED REPRESENTATIVE Brenton Pidsadny	TYPE Main NO. (905) 689-7911	TYPE Fax NO. (905) 689-0400
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE January 12, 2023	EMAIL ADDRESS bpidsadny@youngsinsurance.ca