



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 P.O. Box 385		OntarioLacrosseAssoc. & all member clubs, leagues & teams registered in good standing 1 Concorde Gate, 200C, Box 51	
Fergus ON	POSTAL CODE N1M 3C2	Toronto Ontario	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)

For activities of the Named Insured with respect to lacrosse meetings, tryouts, practices and games for the 2025 season. With respect to Commercial General Liability only - Township of Centre Wellington is added as additional insured- but only with respect to the operations of the named insured to which the Additional Insured has an interest

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 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	2025/01/01	2026/01/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$5,000	\$5,000,000		
						- EACH OCCURRENCE		\$5,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
						<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$10,000,000
						MEDICAL PAYMENTS		\$10,000
						TENANTS LEGAL LIABILITY	\$5,000	\$250,000
						POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Aviva Insurance through K & K	2025/01/01	2026/01/01	NON-OWNED AUTOMOBILES		\$5,000,000		
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)				
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)				
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE								
EXCESS LIABILITY	Aviva Insurance through K & K Insurance Brokers, Inc. Canada - QBX000024	2025/01/01	2026/01/01	EACH OCCURRENCE				
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE				
<input checked="" type="checkbox"/> Excess Liability					\$0	\$5,000,000		
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 AND Township of Centre Wellington 1 Macdonald Square	
Waterdown ON	POSTAL CODE L0R 2H0		
BROKER CLIENT ID:		Elora ON	POSTAL CODE N0B 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
SIGNATURE OF AUTHORIZED REPRESENTATIVE		TYPE NO.	TYPE NO.
		DATE January 14, 2025	EMAIL ADDRESS bpidadny@youngsinsurance.ca