CSIO

CERTIFICATE OF LIABILITY INSURANCE

Centre Wellengton Minor Lacroses Association ON 100355	CERTIFICATE HOLDER - NAME AND MAILING ADDRESS					Iter the coverage afforded by the policies below. 2. INSURED'S FULL NAME AND MAILING ADDRESS						
For Box 386 Tengus ON CONTROL												
Coverage Company Com		lation						clubs, leagues & t	eams registere	a in goo	u standing	
Substitute of the manner formed with respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending and proteined are done for the policy period indicated notwithstanding any requirements, terms or conditioned any contract or other document with respect to which this certificate may be issued or may pertain. The insurance efforced by the policies described herein is subject to all forms, suchasons and conditions of auth profess. IMPS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS INTERPRETATION MAY HAVE BEEN REDUCED BY PAID	P.O. BOX 385											
Substitute of the manner formed with respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending, proust, proteined are done for the policy season. With respect to flockes amending and proteined are done for the policy period indicated notwithstanding any requirements, terms or conditioned any contract or other document with respect to which this certificate may be issued or may pertain. The insurance efforced by the policies described herein is subject to all forms, suchasons and conditions of auth profess. IMPS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS INTERPRETATION MAY HAVE BEEN REDUCED BY PAID			DOSTAL						DOG	·TA1		
Contract Vehiclington is accorded with respect to the conserved particles and partic	- 3	ON POSTAL CODE					Ontario		CODE MISC SIND			
Coveraces 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 forms, exclusions and conditions of such piloties. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS TYPE OF INSURANCE NSURANCE COMPANY AND POLICY NUMBER AND POLICY NU	3. DESCRIPTION OF OPERATIONS/LC	DCATIONS/AUTOMOBIL	LES/SPECIAL	ITEMS TO	WHI	CH THIS CERTI	FICATE APPLIES	(but only with respec	t to the operation	s of the Na	amed Insured	
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwerhated party requirements, terms oncollations of such policies. Control of the policy period indicated or report to which this certificate may be issued or may period. In the insurance efforced by the policy period indicated or report period or may period. In the insurance efforced by the policy period indicated or report period or r										oility only	- Township	
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwerhated party requirements, terms oncollations of such policies. Control of the policy period indicated or report to which this certificate may be issued or may period. In the insurance efforced by the policy period indicated or report period or may period. In the insurance efforced by the policy period indicated or report period or r	4 COVERAGES											
upontines of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance activated by the policies disactived herein is upulged to all terms, exclusions and conditions of such policies. IMITS SHOWING MAY HAVE BEER REDUCED BY PAID CLAIMS INSURANCE COMPANY DATE TO THE PAID CLAIMS INSURANCE COMPANY DATE TO THE PAID CLAIMS SHOWN MAY HAVE BEER REDUCED BY PAID CLAIMS INSURANCE COMPANY DATE TO THE PAID CLAIMS SHOWN TO THE PAID CLAIM SHOWN TO THE PAID CL		ance listed below have	been issued to	the insure	ed nar	med above for t	he policy period in	dicated notwithsta	anding any rec	uiremen	ts terms	
NSURANCE COMPANY AND POLICY NUMBER (COVERAGE DED. MAGUNT OF MISSIANCE COVERAGE DED. MISSIANCE DED. MISSIAN	or conditions of any contract or other do	cument with respect to v		ficate may	be is	sued or may pe	rtain. The insurar	nce afforded by the	e policies desc			
TYPE OF INSURANCE NAD POLICY NUMBER AND POLICY				EFFEC	TIVE	EXPIRY						
DOMMERCIAL GENERAL LIABILITY CLAUMS MAD QR DICCURRENCE S.0.000 S.0.000,000	TYPE OF INSURANCE			DAT	E	DATE			AMOUNT OF		UNT OF	
CAMS MADE OR OCCURRENCE SECURITY SEC				YYYY/MI	M/DD		33.1					
□CALISAME QR	COMMERCIAL GENERAL LIABILITY			2025/01	/01	2026/01/01	BODILY INJURY AND		\$5,000		# F 000 000	
PRODUCTION AND COUNTED ACCORDING BURLEY PRODUCTION AND COUNTED ACCORDING BURLEY S10,000,000	☐ CLAIMS MADE OR OCCURRENCE		. Canada -				- (
AGGREGATE SOURCE, CONTROL NO		PRODUCTS AND / OR COMPLETED OPERATIONS									\$5,000,000	
WAVER OF SUBROGATION WAVE INSURING WAVER OF SUBROGATION WAVER OF SUBROGATION WAVE INSURING WAVER OF SUBROGATION WAVER OF SUBROGATION WAVE INSURING WAVER OF SUBROGATION WAVE MADE AND	_							MPLETED OPERATIONS			\$5,000,000	
WAVER OF SUBROGATION □ TENANT'S LEGAL LABILITY POLUTION LABILITY EXTENSION	ZICROSS LIABILITY							LIABILITY				
TEMANTS LECAL LIABILITY S10000.000 POLLUTION LIABILITY EXTENSION POLLUTION LIABILITY (PER PERSON) POLLUTION LIABILITY (PER PERSON) POLLUTION LIABILITY (PER PERSON) POLLUTION LIABILITY (PER PERSON) PROPERTY DIAMAGE EXTENSION PROPERT	☐ WAIVER OF SUBROGATION							FRTISING IN ILIRY				
TENANTS LEGAL LIABILITY \$5,000 \$250,000	Will Elk of coblicostricit						LIABILITY	EKTISING INSORT			\$10,000,000	
POLUTION LIABILITY EXTENSION POLUTION LIABILITY POLUTION LI							MEDICAL PAYMENTS	S			\$10,000	
NON-OWNED AUTOMOBILES	✓ TENANTS LEGAL LIABILITY						TENANTS LEGAL LIA	BILITY	\$5,000		\$250,000	
Aviva Insurance through K & K 2025/01/01 2026/01/01 NON-OWNED AUTOMOBILES \$5,000.000	☐ POLLUTION LIABILITY EXTENSION						POLLUTION LIABILITY	EXTENSION				
NON-OWNED AUTOMOBILES												
HIRED AUTOMOBILES HIRED AUTOMOBILES BODILY NUMERY AND PROPERTY DAMAGE COMMENDED BODILY NUMERY (PER PERSON) BODILY NUMERY (PER ACCIDENT) PROPERTY DAMAGE COMMENDED DAMAGE PROPERTY DAMAGE DAMAGE DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE DAMAGE PROPERTY DAMAGE DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE DAMAGE PROPERTY DAMAGE PROPE												
BODILY INJURY AND PROPERTY DAMAGE COMBINED ALL AUTOMOBILES LEASED AUTOMOBILES LIOYdS of London through K & K Insurance Brokers, Inc. Canada - QBX000024 EXCESS LIABILITY LIOYdS of London through K & K Insurance Brokers, Inc. Canada - QBX000024 EXCESS LIABILITY (SPECIFY) DAMAGE COMBINED RODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE AGGREGATE SO \$5,000,000 THER LIABILITY (SPECIFY) DAMAGE COMBINED EXCESS LIABILITY LIOYdS of London through K & K Insurance Brokers, Inc. Canada - QBX000024 EXCESS LIABILITY BY EXCESS LIABILITY COMBINITION 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. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured) Centre Wellington Minor Lacrosse Association AND 1 Macdonald Square Waterdown ON POSTAL ON POSTAL CON 2HO CODE NOB 150 CENTRE Main NO. (905) 689-7911 Type Fax NO. (905) 689-0400 TYPE Main NO. (905) 689-7911 Type Fax NO. (905) 689-0400 TYPE Main NO. (905) 689-7911 Type Fax NO. (905) 689-0400 TYPE Mon NO. Type NO.	NON-OWNED AUTOMOBILES	Aviva Insurance through K & K		2025/01/01		2026/01/01	NON-OWNED AUTOMOBILES				\$5,000,000	
DESCRIBED AUTOMOBILES □ ALL OWNED AUTOMOBILES □ LEASED AUTOMOBILES □	_											
ALL JOWNED AUTOMOBILES								ROPERTY				
□ LEASED AUTOMOBILES " "ALL AUTOMOBILES LEASED IN EXCESS OF SONDS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE "ALL AUTOMOBILES LEASED IN EXCESS OF SONDS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE "ALL AUTOMOBILES LEASED IN EXCESS OF SONDS WHERE IN EXCESS LIABILITY □ UMBRELLA FORM □ LONG OF THE LABILITY (SPECIFY) □ LONG OF THE LIABILITY (SPECIFY) □ LONG OF THE L								PERSON)				
"ALL AUTOMOBILES LEASED IN EXCESS OF DOORS WEEK PROPERTY DAMAGE PROPERTY DAMAGE PROPERTY DAMAGE								•				
To PROVIDE INSURANCE EXCESS LIABILITY UMBRELLA FORM PROVERITY UMANDE: AGGREGATE LIOYS of London through K & K Insurance Brokers, Inc. Canada - QBX000024 BRO000024 LIOYS of London through K & K Insurance Brokers, Inc. Canada - QBX0000024 BRO000024 BRO0000024 BRO0000024 BRO0000024 BRO0000024 BRO00000000000000000000000000000000000	** ALL AUTOMOBILES LEASED IN EXCESS OF							ACCIDENT)				
Lidyst of London through K & K Insurance Brokers, Inc. Canada - QBX000024 So S5,000,000	TO PROVIDE INSURANCE						PROPERTY DAMAGE					
ACCRECATE SO \$5,000,000 THER LIABILITY (SPECIFY) Concern and 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 SHamilton Street N ON POSTAL CODE LOR 2H0 BROKER CLIENT ID: Elora ON POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. SIGNATURE OF NO. SIGNATURE OF NO. STAL ADDRESS brite days written notice to the certificate holder named and survive in the certificate holder named and survive		Insurance Brokers, Inc. Canada -		2025/01	1/01	2026/01/01	EACH OCCURRENCE					
\$5,000,000 St,000,000 St,0	<u> </u>						AGGREGATE					
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) Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington 1 Macdonald Square Waterdown ON POSTAL LOR 2HO BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0 8. CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny FIVE Main NO. (905) 689-7911 TYPE NO. FIVE Insure 44 2005 FIRML ADDRESS haided at the development insurance as a second of the standard and the development insurance as a second of the certificate holder notice to the company, its agents or representatives. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured) Township of Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington Minor Lacrosse Association	Excess Liability	QD/(000021							\$0		\$5,000,000	
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 (Commercial General Liability- but only with respect to the operations of the Named Insured) Centre Wellington Minor Lacrosse Association AND 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 ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 NO. NO. POSTAL NOB 1S0 TYPE NO. POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE NO. POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE NO. POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE NO. SIGNATURE OF	OTHER LIABILITY (SPECIFY)											
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) Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington 1 Macdonald Square Waterdown ON POSTAL CODE LOR 2HO BROKER CLIENT ID: Elora ON POSTAL CODE NOB 150 8. CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny FINAL ADDRESS beideadur@ususesianurseases.												
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. 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 SHAMILTON Street N ON POSTAL CODE LOR 2HO BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0 CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. SIGNATURE OF NO. SIGNATURE OF POSTAL NO. (905) 689-0400 TYPE NO. FMAIL ADDRESS haidedex@varage.each.each.each.each.each.each.each.eac												
ROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS 7. ADDITIONAL INSURED NAME AND MAILING ADDRESS Youngs Insurance Brokers Waterdown 95 Hamilton Street N ON POSTAL CODE LOR 2HO BROKER CLIENT ID: Elora ON POSTAL CODE Voungs Insurance Brokers Waterdown ON CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny POSTAL Type No. POSTAL NO. (905) 689-0400 Type No.	5. CANCELLATION	I		1		I	ı					
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS 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 LOR 2H0 BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0 ECRTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny POSTAL TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. FINAL ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured) Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington 1 Macdonald Square Contact Number(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. SIGNATURE OF POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE NO. TYPE NO. FINAL ADDRESS heideness Variance are served as a serve									ten notice to the	ne certific	cate holder	
(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 LOR 2H0 BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0 ECRTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. SIGNATURE OF POSTAL NOB 1S0 CONTACT NUMBER(S) TYPE Mo. TYPE NO. FMAIL ADDRESS Insiderate Waterdown series were as a series of the Named Insured) Contreve Wellington Minor Lacrosse Association AND Township of Centre Wellington I Macdonald Square CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. FMAIL ADDRESS Insiderate Waterdown Science and Park Insurement Association AND TYPE NO. FMAIL ADDRESS Insiderate Waterdown Science and Park Insurement Association AND Township of Centre Wellington Minor Lacrosse Association AND Township of Centre Wellington I Macdonald Square	•		-	, ,	_	<u> </u>			DDRESS			
95 Hamilton Street N Township of Centre Wellington 1 Macdonald Square Waterdown ON POSTAL CODE LOR 2H0 BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0 CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny SIGNATURE OF POSTAL CODE NOB 1S0 CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. TYPE NO.		IL AND MAILING ADDIN	(LOO						operations of the	Named In	sured)	
Waterdown ON POSTAL CODE LOR 2HO BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1S0 8. CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny SIGNATURE OF NO. TYPE NO. TYPE NO.	95 Hamilton Street N				Tow	nship of Centre	Wellington	sociation AND				
BROKER CLIENT ID: Elora ON POSTAL CODE NOB 1SO CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny SIGNATURE OF POSTAL CODE NOB 1SO CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE FAX NO. (905) 689-0400 TYPE NO. TYPE NO.	Waterdown ON	N P	POSTAL LOF	R 2H0			-					
8. CERTIFICATE AUTHORIZATION ISSUER Youngs Insurance Brokers Waterdown AUTHORIZED REPRESENTATIVE Brenton Pidsadny SIGNATURE OF DATE Insurant A 2025 FMAIL ADDRESS Inside day @young signappeaces.	BROKER CLIENT ID:		DODL		Elor	·a		ON		POSTAL	NOR 190	
CONTACT NUMBER(S) TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. TYPE NO. TYPE NO.						<u>.</u>		ON		CODE	1400 100	
AUTHORIZED REPRESENTATIVE Brenton Pidsadny TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400 TYPE NO. TYPE NO.					CO	NTACT NUMBER	S)					
SIGNATURE OF DATE January 14 2005 FMAIL ADDRESS haideaday@yayarasiayyanaa aa						TYPE Main NO. (905) 689-7911 TYPE Fax NO. (905) 689-0400						
	SIGNATURE OF AUTHORIZED REPRESENTATIVE	Buil			DA.	TE January 14,	2025 EMAIL	ADDRESS bpidsac	dny@youngsin	surance.	ca	