



# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
Gatchell Pool		Ontario Artistic Swimming and Member Clubs	
43 Irving Street		83 Galaxy Blvd., Unit 2	
Sudbury	ON	POSTAL CODE P3C 3E9	Etobicoke ON
			POSTAL CODE M9W 5X6

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

Sanctioned activities of the Named Insured with respect to activities to support the sport of artistic swimming  
 The Insurance afforded is subject to the Terms, Conditions, and Exclusions of the Policy(s) above cited. This Certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer.

See Attached...

**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		
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <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 checked="" type="checkbox"/> E&O LIABILITY <input checked="" type="checkbox"/> Participant Liab	Aviva Insurance Company of Canada GAME00499	2021/06/01	2022/04/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE				
						- EACH OCCURRENCE	1,000	10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		10,000,000		
				<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	1,000	2,000,000		
				POLLUTION LIABILITY EXTENSION				
				Errors & Omissions Liability	1,000	5,000,000		
				Participant Liability		Included		
				<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Aviva Insurance Company of Canada GAME00499	2021/06/01	2022/04/01	NON-OWNED AUTOMOBILES
HIRED AUTOMOBILES	1,000	50,000						
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE				
				AGGREGATE				
<b>OTHER LIABILITY (SPECIFY)</b> <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 endeavor to mail   0   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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Arthur J. Gallagher Canada Limited			
435 McNeilly Road, Suite 203			
Stoney Creek	ON	POSTAL CODE L8E 5E3	
<b>BROKER CLIENT ID:</b>			POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER Arthur J. Gallagher Canada Limited		TYPE Phone	NO. 905-575-1122
AUTHORIZED REPRESENTATIVE Huong Nguyen, CIP		TYPE Fax	NO. 905-643-8321
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Huong Nguyen</i>	DATE 2022/01/27	EMAIL ADDRESS	Huong_Nguyen@ajg.com

**DESCRIPTIONS Continued.**

Member Club: Sudbury Synchro Swim Club - PO Box 1412, Station B, Sudbury, ON, P3E 5K4  
RE: Artistic Swimming Training - Gatchell Pool 42 Irving Street, Sudbury, ON, P3C 3E9