



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	
The Corporation of the City of Markham		Ontario Artistic Swimming and Member Clubs	
101 Town Centre Blvd		83 Galaxy Blvd., Unit 2	
Markham	ON	POSTAL CODE L3R 9W3	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

Club: Durham Artistic Swimming Club Inc.
 Re: Team Practices - regular training in the sport of Artistic Swimming
 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
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 checked="" type="checkbox"/> E&O/D&O LIAB <input checked="" type="checkbox"/> PARTICIPANT LIAB	GAME00499	2022/04/01	2023/04/01	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		
				Directors & Officers Liability,	1,000	5,000,000
				Participant Liability		Included
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	ACCI00500	2022/04/01	2023/04/01	NON-OWNED AUTOMOBILES		10,000,000
				HIRED AUTOMOBILES	1,000	50,000
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
PROPERTY DAMAGE						
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
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 endeavor 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)	
Arthur J. Gallagher Canada Limited		The Corporation of the City of Markham	
435 McNeilly Road, Suite 203		101 Town Centre Blvd	
Stoney Creek	ON	POSTAL CODE L8E 5E3	
BROKER CLIENT ID:		Markham	ON
			POSTAL CODE L3R 9W3

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Arthur J. Gallagher Canada Limited		TYPE Phone	NO. 905-575-1122
AUTHORIZED REPRESENTATIVE Kara Glauser		TYPE Fax	NO. 905-643-8321
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Kara Glauser</i>	DATE 2022/08/22	EMAIL ADDRESS	Kara_Glauser@ajg.com

DESCRIPTIONS Continued.

September 11 2022, October 16 2022, November 6 2022, November 13 2022, and December 11 2022

The certificate holder is added as an additional insured to the Commercial General Liability Coverage Policy, but only with respect to liability arising out of operations carried out by or on behalf of the Named Insured, excluding any automobile liability.