

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

08/20/2020

BROKER



Arthur J. Gallagher Canada Limited
435 McNeilly Road
Suite 103
Stoney Creek, ON L8E 5E3
Canada
PHONE: 1-800-461-5087 FAX: 905-643-8321

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Company A	GameDay Insurance Inc. underwritten by Aviva Insurance
Company B	
Company C	
Company D	
Company E	

INSURED'S FULL NAME AND MAILING ADDRESS

Ontario Artistic Swimming
 12-89 Galaxy Blvd.
 Etobicoke, ON M9W 6A4
 Canada

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 requirement, term or condition 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 the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE <input checked="" type="checkbox"/> HIRED AUTOMOBILE	A	GAME00499 - Includes Full Participant Liability, Cross Liability, Contractual Liability & Severability of Interest Clause	04/01/2020	04/01/2021	EACH OCCURRENCE	\$ 5,000,000
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGGREGATE	\$ 5,000,000
					PERSONAL INJURY	\$ 5,000,000
					EMPLOYER'S LIABILITY	\$ 5,000,000
					TENANT'S LEGAL LIABILITY	\$ 2,000,000
					NON-OWNED AUTOMOBILE	\$ 5,000,000
					HIRED AUTOMOBILE	\$ 50,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <small>**ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER (SPECIFY)						\$
						\$
						\$
						\$
						\$

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED

Sanctioned Activities of the Named Insured with respect to Amateur Synchronized Swimming Activities
 The Corporation of the Town of Aurora and Stronach Aurora Recreation Complex is/are added as Additional Insured but only with respect to the operations of the Named Insured Ontario Artistic Swimming for the Member Club; York Artistic Swimming Club, 6-14845 Yonge Street, Suite 430, Aurora, Ontario, L4G 6H8 for use of Swimming Pool and Rooms at Stronach Aurora Recreation Complex, 1400 Wellington Street E, Aurora ON, L4G 7B6 from September 13, 2020 to March 31, 2021. For use of Facilities.

CERTIFICATE HOLDER

The Corporation of the Town of Aurora
 100 John West Way, Box 1000
 Aurora, ON L4G 6J1
 and
 Stronach Aurora Recreation Complex
 1400 Wellington Street E
 Aurora, ON L4G 7B6
 Canada

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 15 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Per:

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