



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	
Municipality of North Cowichan		Field Hockey Canada	
7030 Trans-Canada Hwy		6111 River Rd.	
Duncan	BC	POSTAL CODE V9L 6A1	Richmond
			BC
			POSTAL CODE V7C 0A2

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

Insurance Company: Underwriters as arranged through Special Risk Insurance Managers Ltd., Policy SR072775
 Operations: Field Hockey Association. Includes: Sanctioned Field Hockey Activities, Participants Liability Coverage.
 Exclusion: Communicable Disease Endorsement

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"/> D&O/E&O LIAB <input checked="" type="checkbox"/> ABUSE LIABILITY	Special Risk Insurance Managers Ltd. SR072775	2022/04/01	2023/04/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	1,000	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		5,000,000
				MEDICAL PAYMENTS		5,000
				TENANTS LEGAL LIABILITY	1,000	250,000
				POLLUTION LIABILITY EXTENSION		
				Directors & Officers/Errors &	1,000	2,000,000
				Abuse Liability, Claims Made Basis	1,000	1,000,000
				<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Special Risk Insurance Managers Ltd. SR072775	2022/04/01
HIRED AUTOMOBILES	1,000	50,000				
BODILY INJURY AND PROPERTY DAMAGE COMBINED						
BODILY INJURY (PER PERSON)						
BODILY INJURY (PER ACCIDENT)						
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		Municipality of North Cowichan	
203-435 McNeilly Rd.		Cowichan Sportplex	
Stoney Creek	ON	POSTAL CODE L8E 5E3	7030 Trans-Canada Hwy
BROKER CLIENT ID:		Duncan	BC
			POSTAL CODE V9L 6A1

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Arthur J. Gallagher Canada Limited		TYPE Phone NO. 905-575-1122	TYPE NO.
AUTHORIZED REPRESENTATIVE Kara Glauser		TYPE Fax NO. 905-643-8321	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Kara Glauser</i>	DATE 2022/06/29	EMAIL ADDRESS Kara_Glauser@ajg.com	

DESCRIPTIONS Continued.

Municipality of North Cowichan & Cowichan Sportplex - 5847 Chesterfield ave, Duncan, BC, V9L 3M3 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.