



# 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>		
Cowichan Sportplex			Field Hockey Canada		
5847 Chesterfield Ave			6111 River Rd.		
Duncan	BC	POSTAL CODE V9L 3M3	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
<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 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	Certain Underwriters at Lloyd's of London SR072775	2023/04/01	2024/04/01	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	Certain Underwriters at Lloyd's of London SR072775	2023/04/01
				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 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.

<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			Cowichan Sportplex		
203-435 McNeilly Rd.			5847 Chesterfield Ave		
Stoney Creek	ON	POSTAL CODE L8E 5E3			
<b>BROKER CLIENT ID:</b>			Duncan	BC	POSTAL CODE V9L 3M3

<b>8. CERTIFICATE AUTHORIZATION</b>			
ISSUER Arthur J. Gallagher Canada Limited	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Kara Glauser	TYPE Phone	NO. 905-575-1122	TYPE NO.
	TYPE Fax	NO. 905-643-8321	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Kara Glauser</i>	DATE 2023/03/30	EMAIL ADDRESS Kara_Glauser@ajg.com	

## DESCRIPTIONS Continued.

RE: Field hockey training and games for local clubs, the province of BC and FHC programs

Cowichan Sportplex 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.