

(This Form must be completed, if not purchasing insurance through the CAA Centre's Facility User Insurance Program, in order to book the facility and NO OTHER CERTIFICATE FORMAT WILL BE ACCEPTED).

Name of Insured: Address of Insured: Postal Code: Telephone Number: () Email Address:
GENERAL LIABILITY INSURANCE COVERAGE
(Coverage <u>only accepted by Insurers who are licensed in Ontario</u> and governed by FSCO)
Name of Insurance Company:
Policy Number: Effective from (MM/DD/YY): Expiry (MM/DD/YY):
Description of Activity/Event/Use:
Start Date (including set-up if any): End Date (include tear down if any):
This is to certify the above Named Insured holds insurance coverage for the above activity as follows (check applicable boxes):
Commercial General Liability Limit per Occurrence; S \$ 2,000,000 \$ \$ 5,000,000 (all other activities) (Festivals, High Risk Sports, or as indicated under contract)
Aggregate Limit: \$
Coverage Above Includes: Third Party Bodily Injury and Property Damage Yes No Products & Completed Operations Yes No No Products & Completed Operations Yes No No Cross Liability/Severability of Interests Clause Yes No No Employees &/or Volunteers added as Additional Insureds Yes No No Answer below, ONLY if applicable: If Event includes Sport Activity - Bodily Injury to Participant Yes No N/A - Participant to Participant Yes No N/A If Event includes Vendors - Independent Blanket Vendor coverage Yes No N/A If Event includes the serving of Alcohol - Liquor Liability Yes No N/A It is understood and agreed that this policy includes ADDITIONAL INSUREDs with respect to the liability arising out of the operations of the Named Insured as follows; 1) PA Sports Centre Inc. sole General Partner of PA Sports Centre Partnership 2) The Corporation of the City of Brampton (2 Wellington St. W., Brampton ON L6Y4R2), its employees and authorized agents. 3) It is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-insured Additional Named Insured above, and 4) a WAIVER OF SUBROGATION in favour of the requested Additional Named Insured is included within the coverage under this certificate.
NOTE Additional insurance coverage may be required if any of the above boxes indicate "No".
This is to certify that the policy or certificate (including endorsements) of insurance, as described above, has been issued by the insurer and/or undersigned to the Named Insured above and is in full force at this time. If cancelled or changed in any manner, for any reason, during the period of coverage as stated herein so as to affect this certificate, fifteen (15) days prior written notice will be given by this insurance company to: The CAA Centre, 7575 Kennedy Rd, South, Brampton, Ontario Canada L6W 4T2.
Dated this Day of , 20 at , , Canada
Authorized Representative:
(Signature & Stamp of Insurer or Authorized Broker) Name of Broker: Address of Broker: Prov.: Postal Code: