

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		
WATERLOO CATHOLIC DISTRICT SCHOOL BOARD		ON THE GRAND INC A/O CANOE THE GRAND		
		121 RIVERBANK DRIVE		
		POSTAL CODE	CAMBRIDGE	ON
				POSTAL CODE N3H 4R8

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

ALL OPERATIONS OF THE INSURED
(GRAND RIVER & VICTORIA PARK)

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

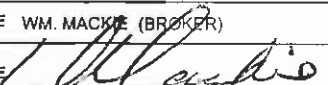
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	LLOYDS CONTRACT ESR2014001 POLICY # TSL R0646	2015/05/08	2017/05/08	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000	\$3,000,000
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		\$3,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$3,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$3,000,000
				MEDICAL PAYMENTS		\$2,500
				TENANTS LEGAL LIABILITY	\$1,000	\$100,000
				POLLUTION LIABILITY EXTENSION		
				NON OWNED AUTOMOBILE		
AUTOMOBILE LIABILITY <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		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <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 15 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 (but only with respect to the operations of the Named Insured)	
PIONEER INSURANCE BROKERS, A DIV. OF RRJ		WATERLOO CATHOLIC DISTRICT SCHOOL BOARD	
INSURANCE BROKERS GROUP			
385 FREDERICK STREET			
KITCHENER	ON	POSTAL CODE N2H 2P2	
BROKER CLIENT ID:		POSTAL CODE	

8. CERTIFICATE AUTHORIZATION

ISSUER PIONEER INSURANCE BROKERS	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE WM. MACKIE (BROKER)	TYPE PHONE NO. (519) 744-4481	TYPE FAX NO. (519) 570-1252	
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	TYPE NO.	TYPE NO.	
	DATE 2016/04/16	EMAIL ADDRESS bmackie@pioneerinsure.com	