

# 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>
HALTON 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		
<b>COMMERCIAL GENERAL LIABILITY</b> <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 - GENERAL AGGREGATE	\$1,000	\$3,000,000		
						- 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				
				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
				BODILY INJURY (PER PERSON)				
BODILY INJURY (PER ACCIDENT)								
PROPERTY DAMAGE								
EACH OCCURRENCE								
AGGREGATE								
<b>OTHER LIABILITY (SPECIFY)</b>								
<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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> <small>(but only with respect to the operations of the Named Insured)</small>
PIONEER INSURANCE BROKERS, A DIV. OF RRJ	HALTON 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) TYPE PHONE NO. (519) 744-4481 TYPE NO.	TYPEFAX NO. (519) 570-1252 TYPE NO.
AUTHORIZED REPRESENTATIVE WM. MACKIE (BROKER)	DATE 2016/04/16	EMAIL ADDRESS bmackie@pioneerinsure.com
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>W. Mackie</i>		