

# 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>
WELLINGTON 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**

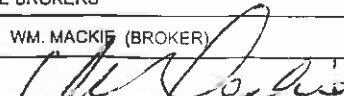
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" 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	\$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						
<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"/> <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> (but only with respect to the operations of the Named Insured)
PIONEER INSURANCE BROKERS, A DIV. OF RRJ	WELLINGTON 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 TYPEFAX NO. (519) 570-1252
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	TYPE NO. TYPE NO.
DATE 2016/04/16	EMAIL ADDRESS bmackie@pioneerinsure.com