



# 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>			
Centre Wellington Minor		Ontario Lacrosse Assoc. & all member clubs, leagues & teams registered in good standing			
P.O. Box 385, Fergus ON N1M 3E2		1 Concorde Gate, 200C, Box 51			
		Toronto		Ontario	
		POSTAL CODE	M3C 3N6		POSTAL CODE

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
For activities of the Named Insured with respect to lacrosse meetings, tryouts, practices and games for the 2026 season. In Regards to Commercial General Liability only – Township of Centre Wellington & Township of Woolwich - is added as additional insured- but only with respect to the operations of the named insured to which the Additional Insured has an interest.

### 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 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 type="checkbox"/> <input type="checkbox"/>	Aviva Insurance through K & K Insurance Brokers, Inc. Canada - AVP406492	2026/01/01	2027/01/01	COMMERCIAL GENERAL LIABILITY	\$5,000	\$10,000,000				
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE						
										\$10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE					\$10,000,000	
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR						
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY						\$10,000,000
				MEDICAL PAYMENTS						\$10,000
				TENANTS LEGAL LIABILITY						\$250,000
				POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Aviva Insurance through K & K	2026/01/01	2027/01/01	NON-OWNED AUTOMOBILES		\$5,000,000				
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES						
<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY AND PROPERTY DAMAGE COMBINED						
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)						
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)						
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE						
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE										
<b>EXCESS LIABILITY</b>				EACH OCCURRENCE						
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE						
<input type="checkbox"/>										
<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 endeavour 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)			
Youngs Insurance Brokers Waterdown 95 Hamilton Street N		Township of Centre Wellington 1 MacDonald Square, Elora, ON N0B 1S0 Woolwich Township, 24 Church St West, PO Box 158 Elmira, Ontario, N3B 2Z6			
Waterdown	ON	POSTAL CODE	L0R 2H0		
<b>BROKER CLIENT ID:</b>				POSTAL CODE	

### 8. CERTIFICATE AUTHORIZATION

ISSUER Youngs Insurance Brokers Waterdown	CONTACT NUMBER(S)			
	TYPE Main	NO. (905) 374-7000	TYPE Fax	NO. (905) 689-0400
AUTHORIZED REPRESENTATIVE Lindsey Marchese, RIBO	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE April 22, 2026	EMAIL ADDRESS lmarehese@youngsinsurance.ca		