

Rental # NIL

CERTIFICATE OF INSURANCE COVERAGE

Name of Insured: Eric Newcombe

Address of Insured: 123 Anywhere Street, Toronto, ON

Telephone Number: 1111111111

Email Address: enewcombe@instantriskcoverage.com

Name of Facility Insured: ASADF Place

Address: 123 Anywhere Street

GENERAL LIABILITY INSURANCE COVERAGE

(Coverage only accepted by Insurers who are licensed in Ontario and governed by FSCO)

Name of Insurance Company: Certain Underwriters at Lloyds of London through Tokio Marine HCC Specialty

Group Policy Number: Demo Policy Number

Effective from (DD/MM/YYYY): 01/10/2022

Expiry (DD/MM/YYYY): 01/10/2023

Rental Time - From (DD/MM/YYYY): 12:00 AM 01/10/2022

Until (DD/MM/YYYY): 12:00 AM 01/10/2023

Description of Activity/Event/Use: Non Sporting Event: Cookin App

Location and / or Name of City Facility: Facility A

Participants:

Commercial General Liability Limit per Occurrence: \$ 2,000,000

Aggregate Limit: \$ 2,000,000

Participant Legal Liability Sublimit: N/A

Coverage above includes:

Third Party Bodily Injury and Property Damage	YES
Products & Completed Operations	YES
Cross Liability / Severability of Interests Clause	YES
Employees &/or Volunteers added as Additional Insureds	YES

Event includes Sport Activity

- Bodily Injury to Participant	N/A
- Participant to Participant	N/A

If Event includes Vendors

- Independent Blanket Vendor Coverage	N/A
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Event includes the serving of Alcohol

- Liquor Liability	N/A
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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) The Corporation of the MUNICIPALITY, its employees, Elected Officials, and authorized agents 2) Other Additional Insureds - Nil. Furthermore, the policy contains a waiver of subrogation in the favor of the MUNICIPALITY; and it is warranted that Named Insured is/are solely responsible for any deductible(s) or Self-Insured Retention(s) within the Insurance indicated above.

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 Additional Insured(s) noted above, as requested under the rental contract

Dated this 30 Day of September, 2022

Authorized Representative: _____

Name of Broker: Broker A

Phone number of Broker