



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

To Whom It May Concern

2. INSURED'S FULL NAME AND MAILING ADDRESS

True North Softball Association

312 - 2070 Cornwall Ave

Burnaby

BC

POSTAL
CODE

Vancouver

British Columbia

POSTAL
CODE

V6J 1E1

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

RE: Softball training activities and practices, Coaching, Team Management, Hosting of Scrimmages including members of Softball BC and Cross Border Teams.

Coverage includes Participant Accident Coverage

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 type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> Participant Accident	Trinity Underwriting Managers Ltd. - TS307247-2024-001	2024/03/12	2025/03/12	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000	\$5,000,000
				- EACH OCCURRENCE		\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
				MEDICAL PAYMENTS		\$25,000
				TENANTS LEGAL LIABILITY		\$500,000
				POLLUTION LIABILITY EXTENSION		
				Each Claim		\$1,000,000
				Any One Accident Aggregate		\$1,000,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Trinity Underwriting Managers Ltd. -	2024/03/12	2025/03/12	NON-OWNED AUTOMOBILES		\$1,000,000
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES		
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"/>						

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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESSJohn Ross Insurance Services Ltd
1829 Broadway W

Vancouver

BC

POSTAL
CODE

V6J 1Y5

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial General Liability- but only with respect to the operations of the Named Insured)

BROKER CLIENT ID: BRADL-2

POSTAL
CODE**8. CERTIFICATE AUTHORIZATION**

ISSUER John Ross Insurance Services Ltd

AUTHORIZED REPRESENTATIVE Daryl Low

SIGNATURE OF
AUTHORIZED REPRESENTATIVE

CONTACT NUMBER(S)

TYPE Main NO. (604) 629-8144

TYPE NO.

TYPE Fax

NO. (604) 731-6701

TYPE

NO.

DATE May 10, 2024

EMAIL ADDRESS dlow@johnrossinsurance.com