

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

POSTAL
CODE

Vancouver

BC

POSTAL
CODE

V6V 1J4

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

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 requirement, term or condition 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 the terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE MM / DD / YY	EXPIRY DATE MM / DD / YY	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"/> EMPLOYERS' 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"/>	Certain Underwriters at Lloyds as arranged through Trinity Sport a division of Trinity Underwriting Managers Ltd. Policy #TS307247	03/12/24	03/12/25	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE	\$1,000	\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000	\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL & ADVERTISING INJURY LIABILITY	\$1,000	\$5,000,000
				MEDICAL PAYMENTS		\$25,000
				TENANTS LEGAL LIABILITY	\$1,000	\$500,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	As noted above	03/12/24	03/12/25	NON-OWNED AUTOMOBILES	\$1,000	\$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** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				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"/>				BODILY INJURY (PER PERSON)		
				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/>						
<input checked="" type="checkbox"/> Participant Accident	As noted above	03/12/24	03/12/25	Principal Amount		\$50,000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, 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 ADDRESS

John Ross Insurance Service Ltd.

1829 West Broadway

Vancouver

BC

POSTAL
CODE

V6J 1Y5

BROKER CLIENT ID: BRADL-2

7. ADDITIONAL INSURED**8. CERTIFICATE AUTHORIZATION**

ISSUER John Ross Insurance Service Ltd.

AUTHORIZED REPRESENTATIVE Daryl Low, Account Executive

SIGNATURE OF
AUTHORIZED REPRESENTATIVE

CONTACT NUMBER(S)

PHONE: (604) 731-5258

FAX: (604) 731-6701

DATE March 28, 2024

EMAIL ADDRESS dlow@johnrossinsurance.com