

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.



Head Office:
P.O. Box 2000
Waterloo, ON N2J 4S4
(519) 570-8200

CERTIFICATE HOLDER

NAME: TOWN OF PELHAM

ADDRESS:

This is to certify that the policy, or policies, designated below is in force as of this date and provides the type of insurance set forth opposite the policy number, subject to the terms and conditions of the policy or policies.
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED	INSURANCE BROKER
NAME: BETH WURFEL	NAME: COWAN, THOMAS & ASSOCIATES
ADDRESS: BOX 1496 FONTHILL, ONTARIO L0S 1E0	ADDRESS: FONTHILL, ONTARIO L0S 1E0

Location and Operations to which this Certificate applies:

RE: CONCESSION STAND, PELHAM ARENA, 1120 HAIST STREET, FONTHILL, ONTARIO

LIABILITY	AMOUNT INSURED OR LIMITS OF LIABILITY IN CANADIAN DOLLARS	POLICY NO.	EXPIRY DATE		
			D	M	Y
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
<input checked="" type="checkbox"/> PER OCCURRENCE LIMIT	\$2,000,000.00	4698384	01	09	97
<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$2,000,000.00	4698384	01	09	97
<input type="checkbox"/> TENANTS' LEGAL LIABILITY					
<input type="checkbox"/> FIRE & RELATED PERILS					
<input type="checkbox"/> BROAD FORM					
<input type="checkbox"/> NON-OWNED AUTOMOBILE					
<input type="checkbox"/> UMBRELLA LIABILITY					
<input type="checkbox"/> OTHER - DESCRIBE:					

AUTOMOBILE					
<input type="checkbox"/> OWNERS POLICY FORM					
<input type="checkbox"/> ALL VEHICLES LICENSED AND/OR LEASED BY THE INSURED					
<input type="checkbox"/> AS PER ATTACHED SCHEDULE					
<input type="checkbox"/> GARAGE POLICY FORM					
<input type="checkbox"/> INCLUDING OWNED VEHICLES					
<input type="checkbox"/> EXCLUDING OWNED VEHICLES					
<input type="checkbox"/> OTHER POLICY FORM - DESCRIBE:					

OTHER					

NOTES:

THE ECONOMETRICAL INSURANCE GROUP

CANCELLATION	SIGNATURE OF AUTHORIZED REPRESENTATIVE:
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL <u>30</u> 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.	
	DATE: OCTOBER 10, 1996

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Economic
Mutual Insurance Company

Head Office:
P.O. Box 2000
Windsor, ON N2J 4S4
(519) 570-8200

This is to certify that the policy, or policies, designated below is in force as of this date and provides the type of insurance set forth opposite the policy number, subject to the terms and conditions of the policy or policies.
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CERTIFICATE HOLDER	
NAME:	TOWN OF PELHAM
ADDRESS:	

INSURED	
NAME:	BETH WERPEL
ADDRESS:	BOX 1496 FONHILL, ONTARIO L0S 1E0

INSURANCE BROKER	
NAME:	COHN, THOMAS & ASSOCIATES
ADDRESS:	FONHILL, ONTARIO L0S 1E0

Location and Operations to which this Certificate applies:
RE: CONCESSION STAND, PELHAM ARENA, 1120 HAIST STREET, FONHILL, ONTARIO

LIABILITY	AMOUNT INSURED OR LIMITS OF LIABILITY IN CANADIAN DOLLARS	POLICY NO.	EXPIRY DATE		
			D	M	Y
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
<input type="checkbox"/> PER OCCURRENCE LIMIT					
<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS AGGREGATE					
<input type="checkbox"/> TENANTS' LEGAL LIABILITY	\$2,000,000.00	4698384	01	09	97
<input type="checkbox"/> FIRE & RELATED PERILS	\$2,000,000.00	4698384	01	09	97
<input type="checkbox"/> BROAD FORM					
<input type="checkbox"/> NON-OWNED AUTOMOBILE					
<input type="checkbox"/> UMBRELLA LIABILITY					
<input type="checkbox"/> OTHER - DESCRIBE					

AUTOMOBILE					
<input type="checkbox"/> OWNERS POLICY FORM					
<input type="checkbox"/> ALL VEHICLES LICENSED AND/OR LEASED BY THE INSURED					
<input type="checkbox"/> AS PER ATTACHED SCHEDULE					
<input type="checkbox"/> GARAGE POLICY FORM					
<input type="checkbox"/> INCLUDING OWNED VEHICLES					
<input type="checkbox"/> EXCLUDING OWNED VEHICLES					
<input type="checkbox"/> OTHER POLICY FORM - DESCRIBE					

OTHER					

NOTES:

CANCELLATION	SIGNATURE OF AUTHORIZED REPRESENTATIVE
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.	
2054 (3/95)	DATE: OCTOBER 10, 1996