

CSIO

## CERTIFICATE OF INSURANCE

Date (Y / M / D)

2000 | 9 | 12

<b>Broker :</b> Main Mudie Gowan & Associates P. O. Box 490, 1161 Pelham Road Fonthill, Ontario L0S 1E0	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.	
	<b>COMPANIES AFFORDING COVERAGE</b>	
<b>Broker Client ID :</b> MALJ01	Company A	Halifax Insurance Company Hamilton, Ontario
	Company B	
	Company C	
	Company D	

**COVERAGES**

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policies 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 PAID CLAIMS.

CO LTR	Type of Insurance	Policy Number	Effective Date (YYYY/MM/DD)	Expiry Date (YYYY/MM/DD)	Limits	
A	<b>Commercial General Liability</b>	501099350	2000 / 9 / 15	2001 / 9 / 15	Each Occurrence	\$ 2,000,000
	<input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence				General Aggregate	\$ 2,000,000
	<input type="checkbox"/> Products and/or completed operations				Products - Comp/Op Agg.	\$
	<input type="checkbox"/> Employers' Liability				Personal Injury	\$
	<input type="checkbox"/> Tenants Legal Liability				Tenants Legal Liability	\$
	<input type="checkbox"/> Non-Owned Automobiles				Med. Exp. (Any one person)	\$
	<input type="checkbox"/> Hired Automobiles				Non-Owned 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	\$
	<input type="checkbox"/>					
	<b>Umbrella Excess Liability</b>				Each Occurrence	\$
	<input type="checkbox"/> Umbrella Form				Aggregate	\$
	<input type="checkbox"/> Other Than Umbrella Form					\$
	<b>Other -- Describe</b>				\$	

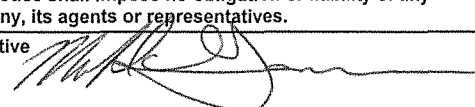
Each of the following are added to the above policies

1. THE TOWNSHIP OF PELHAM
2. 20 PELHAM TOWN SQUARE, P O BOX 400
3. FONTHILL, ON LOS 1E0
- 4.
- 5.

Description of Operations/Locations/Automobiles/Special Items

OPERATION: CONCESSION STAND

LOCATION: PELHAM ARENA - 1120 HAIST RD, FONTHILL, ON

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>THE TOWNSHIP OF PELHAM</b> <b>20 PELHAM TOWN SQUARE</b> <b>P O BOX 400</b> <b>FONTHILL, ON</b> <b>L0S 1E0</b>	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.
	Authorized Representative  Title : Company : Main Mudie Gowan & Associates