



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		2. INSURED'S FULL NAME AND MAILING ADDRESS	
City of Toronto		Ontario Artistic Swimming and Member Clubs	
100 Queen St. W		1460 The Queensway, Unit M142	
Toronto	ON	POSTAL CODE M5H 2N2	Etobicoke ON
			POSTAL CODE M8Z 1S4

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

Provincial Artistic Swimming Sanctioned Activities
 Exclusions Included: Virus, Bacteria, Disease And Contagion Exclusion; Total Liquor and Marijuana Liability Exclusion
 Participant Liability Included
 Member Club and Address: Olympium Artistic Swimming Club 590 Rathburn Rd., Etobicoke, ON M9C 3T3 Club practices being held at Etobicoke Olympium
 See Attached...

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 checked="" type="checkbox"/> EMPLOYER'S 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"/> <input type="checkbox"/>	Certain Underwriters at Lloyd's of London CAS945491-01	2025/04/01	2026/04/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE			
					- EACH OCCURRENCE	1,000	10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE			10,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY			10,000,000
				MEDICAL PAYMENTS			5,000
				TENANTS LEGAL LIABILITY	1,000		250,000
				POLLUTION LIABILITY EXTENSION			
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Certain Underwriters at Lloyd's of London CAS945491-01	2025/04/01	2026/04/01	NON-OWNED AUTOMOBILES		5,000,000	
				HIRED AUTOMOBILES	1,000	50,000	
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 checked="" type="checkbox"/> Abuse Coverage <input type="checkbox"/>	Certain Underwriters at Lloyd's of London CAS945491-01	2025/04/01	2026/04/01	Abuse Coverage	5,000	500,000	

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 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 ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Arthur J. Gallagher Canada Limited		City of Toronto	
435 McNeilly Road, Suite 203		100 Queen St. W	
Stoney Creek	ON	POSTAL CODE L8E 5E3	
BROKER CLIENT ID:		Toronto	ON
			POSTAL CODE M5H 2N2

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Arthur J. Gallagher Canada Limited		TYPE Phone NO. 905-575-1122	TYPE NO.
AUTHORIZED REPRESENTATIVE Jason Jansson		TYPE Fax NO. 905-643-8321	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2025/04/02	EMAIL ADDRESS Kara_Glauser@ajg.com	

DESCRIPTIONS Continued.

(main training facility) or any other City of Toronto pool during the year.

The certificate holder is added as an additional insured to the Commercial General Liability Coverage Policy, but only with respect to liability arising out of operations carried out by or on behalf of the Named Insured, excluding any automobile liability.