

# 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.**

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
Nature Fresh Farms Recreation Centre 249 Sherk St.,  Leamington ON      POSTAL CODE N8H 4X7		The Canadian Racquetball Association 145 Pacific Avenue  Winnipeg MB      POSTAL CODE R3B 2Z6	

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

Sanctioned Activities of the Named Insured with Respect to Racquetball Activities in Canada  
 Endorsements: Liquor Liability Exclusion, Contagious Disease Exclusion  
 Re: Racquetball tournament March 6-7, 2026 at the Nature Fresh Farms Recreation Centre, Leamington, ON  
 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
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE <b>OR</b> <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 checked="" type="checkbox"/> E&O LIABILITY <input checked="" type="checkbox"/> PARTICIPANT LIAB	GameDay Insurance Inc. SLE00996	2025/11/15	2026/11/15	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	1,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		5,000,000
				OR		
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		10,000
				TENANTS LEGAL LIABILITY	1,000	250,000
				POLLUTION LIABILITY EXTENSION		
E&O Liability	1,000	1,000,000				
Participant Liability		Included				
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	GameDay Insurance Inc. SLE00996	2025/11/15	2026/11/15	NON-OWNED AUTOMOBILES		5,000,000
<input checked="" type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES	1,000	50,000
<b>AUTOMOBILE LIABILITY</b>  <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		
<b>EXCESS LIABILITY</b>  <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> ABUSE  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aviva Insurance Company of Canada SLE00996	2025/11/15	2026/11/15	Abuse	2,500	1,000,000

**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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Arthur J. Gallagher Canada Limited 435 McNeilly Road, Suite 203 Stoney Creek ON      POSTAL CODE L8E 5E3		Nature Fresh Farms Recreation Centre 249 Sherk St.,  Leamington ON      POSTAL CODE N8H 4X7	

**BROKER CLIENT ID:**

**CERTIFICATE NUMBER:** 86688544

<b>8. CERTIFICATE AUTHORIZATION</b>	
ISSUER Arthur J. Gallagher Canada Limited	CONTACT NUMBER(S)
DAMAGE INSURANCE BROKER	TYPE Phone NO. 905-575-1122      TYPE NO.
AUTHORIZED REPRESENTATIVE Michelle Joyce	TYPE Fax NO. 905-643-8321      TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>M. Joyce</i>	DATE 2026/02/13      EMAIL ADDRESS michelle_joyce@ajg.com

DESCRIPTIONS Continued.

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.