



# 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>
PROOF OF INSURANCE	Cross Country Ski de fond Canada dba Nordiq Canada
	100-1995 Olympic Way
	Canmore AB
	POSTAL CODE T1W 2T6

**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 and their Provincial / Territorial Sports Organizations (PTSO's), divisions, regions, zones, member associations and member clubs and their individual members, directors, officers, employees and volunteers, while involved in any activity as promoted, encouraged, organised, governed, regulated, sanctioned and/or approved by Cross Country Ski de fond Canada dba Nordiq Canada

The Insurance afforded is subject to the Terms, Conditions, and Exclusions of the Policy(s) above cited. This Certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer.

**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"/> ABUSE <input checked="" type="checkbox"/> PARTICIPANT LIAB	Trisura Guarantee Insurance Company B0621CNORD000124	2024/07/01	2025/07/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	10,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	10,000	5,000,000
				MEDICAL PAYMENTS		50,000
				TENANTS LEGAL LIABILITY		5,000,000
				POLLUTION LIABILITY EXTENSION		
				Abuse Coverage	25,000	2,500,000
				Participant Liability		Included
				<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Trisura Guarantee Insurance Company B0621CNORD000124	2024/07/01
HIRED AUTOMOBILES	5,000	75,000				
<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 type="checkbox"/> <input type="checkbox"/>						

**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	
203-435 McNeilly Rd.	
Stoney Creek ON	
POSTAL CODE L8E 5E3	
BROKER CLIENT ID:	POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>			
ISSUER Arthur J Gallagher Canada Ltd	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Brent Brandham	TYPE Phone NO. 905-575-1122	TYPE	NO.
	TYPE Fax NO. 905-643-8321	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2024/06/25	EMAIL ADDRESS kara_glauser@ajg.com	