



# CERTIFICATE OF LIABILITY INSURANCE

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
<b>KARATE NOVA SCOTIA</b> 5516 SPRING GARDEN ROAD, 4TH FLOOR  HALIFAX, NS B3J 1G8	<b>SPORT NOVA SCOTIA</b> 5516 SPRING GARDEN ROAD, 4TH FLOOR  HALIFAX, NOVA SCOTIA B3J1G6

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

ACTIVITIES OF PROVINCIAL SPORT GOVERNING BODY & MEMBER ASSOCIATIONS AS ENDORSED HEREIN.

APPLICABLE ENDORSEMENTS:  
 PARTICIPANT COVERAGE INCLUDED / INCIDENTAL MEDICAL MALPRACTICE LIABILITY  
 CROSS LIABILITY / SPORTS & SOCIAL ACTIVITIES.

**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 the 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 OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input 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 LLOYD'S UNDERWRITERS  AL1184	2018/ 10/ 15	2019/ 10/ 15	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence		5,000,000
				Products and Completed Operations Aggregate	500	5,000,000
				<input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		
				Tenants Legal Liability	500	250,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles	AL1184 CERTAIN	2018/ 10/ 15	2019/ 10/ 15	Non-Owned Automobile		5,000,000
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
<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"/> DIRECTORS & OFFICERS <input checked="" type="checkbox"/> SPF 6 <input checked="" type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/>	CERTAIN LLOYD'S UNDERWRITERS  AL1184	2018 / 10 / 15	2019 / 10 / 15	WRONGFUL ACTS	500	1,000,000
				NON OWNED AUTO		5,000,000
				DAMAGE TO HIRED AUTOS	1,000	40,000

**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)
ALLIED INSURANCE BROKERS INC 20 ABERDEEN STREET, P. O. BOX 666 KENTVILLE, NS B4N 3X9  BROKER CLIENT ID: SPORT1	

**8. CERTIFICATE AUTHORIZATION**

Issuer	ALLIED INSURANCE BROKERS INC	Contact Number(s)	
Authorized Representative	SCOTT ROBINSON	Type	No
Signature of Authorized Representative		Type Phone	No (902) 678-1187
	2018   9   28	Type Fax	No (902) 678-5770
		Date	2018   9   28
		EEmail Address	srobinson@alliedinsurance.ca