



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	
Upper Grand District School Board 500 Victoria Road N		Tiny Town Discovery Centre o/b Michelle Payne 66 Arrow Road, Suite D	
Guelph ON	POSTAL CODE N1E 6K2	Guelph Ontario	POSTAL CODE N1K 1T4

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

School Board Field Trips.
Upper Grand District School Board has been added as Additional Insured but only with respect to the legal liability arising out of the operations of the Named Insured. Coverage provided by Certain Underwriters under agreement No. B079924K1302500 as arranged by Special Risk Insurance Managers.

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 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 As Arranged By Special Risks Insurance Brokers Ltd. - SR051847	2024/08/05	2025/08/05	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE				
						- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000		
				MEDICAL PAYMENTS		\$5,000		
				TENANTS LEGAL LIABILITY	\$1,000	\$250,000		
				POLLUTION LIABILITY EXTENSION				
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Certain Underwriters As Arranged By	2024/08/05	2025/08/05	NON-OWNED AUTOMOBILES	\$1,000	\$2,000,000		
<input type="checkbox"/> HIRED AUTOMOBILES								
AUTOMOBILE LIABILITY								
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER PERSON)				
<input type="checkbox"/> LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				PROPERTY DAMAGE				
EXCESS LIABILITY				EACH OCCURRENCE				
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE				
<input type="checkbox"/>								
OTHER LIABILITY (SPECIFY)								
<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 endeavour 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)	
Westland Insurance Group Ltd. 1-195 Henry Street		Upper Grand District School Board 500 Victoria Road N	
Brantford ON	POSTAL CODE N3S 5C9		
BROKER CLIENT ID: TINYT-1		Guelph ON	POSTAL CODE N1E 6K2

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Westland Insurance Group Ltd.	AUTHORIZED REPRESENTATIVE Margaret Abraham	TYPE Main NO. (519) 756-2200	TYPE Fax NO. (519) 756-4905
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE October 15, 2024	EMAIL ADDRESS mabraham@westlandinsurance.ca