



# 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>		
The Technical Standards & Safety Authority 345 Carlingview Drive			Moonwalk Bouncers O/B Karen Roy 412 Edgehill Drive		
Toronto	ON	POSTAL CODE M9W6N9	Barrie	ON	POSTAL CODE L4N 9X4

**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 the Named Insured with Respect to Inflatables, Including All Activities and Services as on File with the Insurer.

No coverage for the actual event under this certificate. Insured on site supervising use of equipment at all times.

**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 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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Certain Lloyd's underwriters through Special Risk Insurance Managers Ltd. Policy No. SR001000	2018/05/06	2019/05/06	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000	\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$1,000	\$5,000,000
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY	\$1,000	\$250,000
				POLLUTION LIABILITY EXTENSION		
				NON OWNED AUTOMOBILE	\$1,000	\$5,000,000
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
PROPERTY DAMAGE						
EACH OCCURRENCE						
AGGREGATE						
<b>OTHER LIABILITY (SPECIFY)</b>						
<input type="checkbox"/>						
<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> (but only with respect to the operations of the Named Insured)		
Worden Insurance & Financial 172 King Street E.			N/A		
Oshawa	ON	POSTAL CODE L1H 1B7			
BROKER CLIENT ID:					POSTAL CODE

**8. CERTIFICATE AUTHORIZATION**

ISSUER Special Risk Insurance Managers Ltd.	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE  Taris Gibson	TYPE TEL: NO. (604) 888-0050	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TYPE FAX: NO. (604) 888-1008	TYPE	NO.
	DATE 2018/05/03	EMAIL ADDRESS	