



COMMERCIAL INSURANCE POLICY

Effected with certain Lloyds Underwriters (hereinafter called the "Insurer") through

SPECIAL RISK INSURANCE MANAGERS LTD.

LANGLEY, BC

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyds Underwriters' insurance business in Canada

CERTIFICATE OF INSURANCE		Master Policy:	Policy Number:	SR001157
Named Insured: Chinook Baseball League Association Address: PO BOX 901 City, Prov.: Three Hills, AB Postal Code: T0M 2A0			PREMIUM \$1,467.00 \$978.00 Accident Liability <i>Minimum and Retained: \$500</i> Policy Fee (Non-Refundable): \$125.00 Reimbursement (CGL): \$1,000.00	
Broker: Western Financial Group (OLD) (2024)		Broker ID: 2024		

ACCIDENT COVERAGE	
TERM OF COVERAGE	
Effective Date	Expiry Date
5/1/2016 12:01 AM	5/1/2017 12:01 AM

LIABILITY COVERAGE	
TERM OF COVERAGE	
Effective Date	Expiry Date
5/1/2016 12:01 AM	5/1/2017 12:01 AM

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy.

ACCIDENT BENEFITS	LIMIT
Loss of Life, Dismemberment or Loss of Sight	\$10,000
Permanent Loss/ Disablement	\$20,000
Prosthetic Devices	\$3,000
Blanket Accident Reimbursement	\$10,000
Rehabilitation	\$3,000
Tuition	\$2,000
Special Treatment Travel	\$1,000
Out of Province Medical Accident (inside Canada)	\$10,000
Eyeglass, Contact Lens (Resulting from Injury)	\$100
Emergency Transportation	\$50
Blanket Dental	\$5,000
Future Dental Benefit	\$1,000
Dentures/ Bridgework	\$2,500
Fractures	\$500
Babysitting	\$500
Youth Wage Loss	\$1,000
Aggregate Limit Payable for any one Accident	\$2,000,000

LIMITS OF LIABILITY	LIMIT
Per Occurrence	\$2,000,000
Aggregate	\$2,000,000
Personal Injury	\$2,000,000
Broadform Tenants Legal	\$250,000
Non-owned Automobile (any one accident)	\$2,000,000
Medical Expense (any one person/any one accident)	\$1,000/\$10,000

Bodily Injury and Property Damage inclusive	
DESCRIPTION OF OPERATIONS	
Activities of the named insured with respect to a Baseball Association.	
Locations to which this policy applies: All locations used by the named insured.	
Remarks:	
- Accident Territorial Limits:	Canada

ADDITIONAL INSURED: It is hereby understood and agreed that the following entity shown below is added as Additional Insured but only in respect of liability arising out of the Named Insured's premises or operations, and only with respect to losses which would have been recoverable in the absence of this agreement. The policy limits are not increased by the addition of such Additional Insured(s) and remain as stated in this certificate:

SUBJECT TO THE FOLLOWING:

IFC33000 Insuring Agreement	5051a Trampoline Activities Exclusion	LSW1542F Lloyd's Underwriters' Policyholders' Complaint Protocol
OLDA 5603 Commercial General Liability Wording	5052 Total Asbestos Exclusion	LSW1543C Notice Concerning Personal Information
SPF No. 6 Non-Owned Automobile Liability	5061b Other Insurance Amendment Endorsement	LSW1565C Code of Consumer Rights & Responsibilities
5001 Additional Insured's	5090 Policy Disputes	LSW1001 Several Liability Notice
5002 Molestation Exclusion	5091 Punitive & Exemplary Damages Exclusion Clause	LSW1175 Nuclear/ Chemical / Biological Terrorism Exclusion
5003C Intent to Injure Exclusion	5165 English Language Policy Wording Acknowledgement	LMA3100 Sanction Limitation & Exclusion Clause
5006A Host Liquor Liability Exclusion	6003 Nuclear Chemical and Biological Terrorism Exclusion	NMA2918 War & Terrorism Exclusion Endorsement
5007 Forcible Ejection Exclusion	6004 Radioactive Contamination Exclusion	Special Risk Disclosure Notice
5008 Reimbursement Clause Endorsement	ACC6000 Special Risk Accident Benefits	Special Risk Privacy Policy
5040 Policy Territory Endorsement	NMA1978a Nuclear Incident Exclusion	Special Risk Cancellation Form
5042 Cyber/ Data Exclusion	NMA2915 Electronic Data Endorsement B	Accident Claim Form
5045A USA Exclusion Endorsement	LSW1540 Statutory Conditions	Short Rate Cancellation Table
5049 Fungi and Fungal Derivatives Exclusion Endorsement	LSW1814 Statutory Conditions- AB	

The Insured is requested to read this policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this Insurance, immediate notice should be given to the office designated above.

Created On:
2016/05/17

THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE.

Printed On:
2016/05/17