


# CERTIFICATE OF INSURANCE

**ISSUE DATE**  
29-DEC-20

**BROKER**



**AON REED STENHOUSE INC.**  
2103 11TH AVENUE, SUITE 800  
REGINA, SK S4P 3Z8  
PHONE: (306) 569-6700 FAX: (306) 359-0387

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANY A      CERTAIN LLOYD'S UNDERWRITERS THROUGH MARKEL AGREEMENT NO. MKL2018001

**INSURED'S FULL NAME AND MAILING ADDRESS**

**SASKATCHEWAN SOCCER ASSOCIATION**  
300 – 1734 ELPHINSTONE STREET  
REGINA, SK  
S4P 0S4

COMPANY B      AVIVA INSURANCE COMPANY OF CANADA

COMPANY C

COMPANY D

COMPANY E

### CERTIFICATE

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 REQUIREMENT, TERM OR CONDITION 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS OF LIABILITY (CANADIAN DOLLARS UNLESS INDICATED OTHERWISE)	
					Limit	Description
B	PROPERTY FLOATER	CMP 81468858	Apr. 1, 2020	Apr. 1, 2021	\$130,000	ALL RISKS OF DIRECT PHYSICAL LOSS OR DAMAGE (EXCEPT AS EXCLUDED)
B	CRIME	CMP 81468858	Apr. 1, 2020	Apr. 1, 2021		LOSS INSIDE THE PREMISES
A	COMMERCIAL GENERAL LIABILITY	AL2121	Apr. 1, 2020	Apr. 1, 2021	\$10,000,000	EACH OCCURRENCE, BODILY INJURY AND PROPERTY DAMAGE
					\$10,000,000	PRODUCTS AND COMPLETED OPERATION, AGGREGATE
					\$5,000,000	ERRORS & OMISSION LIABILITY (DIRECTORS & OFFICERS/ WRONGFUL ACTS)
					\$1,000,000	MEDICAL PAYMENTS – ANY ONE PERSON
					\$250,000	TENANTS LEGAL LIABILITY
					\$5,000,000	NON-OWNED AUTOMOBILE LIABILITY
						SUBJECT TO AGGREGATE WHERE APPLICABLE

**RE: FOR EVIDENCE OF INSURANCE PURPOSES ONLY**

**CERTIFICATE HOLDER**

**AUTHORIZED REPRESENTATIVE**

To WHOM IT MAY CONCERN

Per: Aon Reed Stenhouse Inc.