

CERTIFICATE OF INSURANCE FOR \$2,000,000 LIMIT

Name of Insured: Any User Group of the City of Brampton solely for use of the Municipal Facilities and solely for Eligible Activities and Events per Agreed Selection/Rate Card on file with the Insurer, and who have completed, dated, signed and filed the rental agreement for such use with the City of Brampton

First Named Insured: The City of Brampton but only with respect to the Operations of the Named Insured which is the User Groups as described above.

Mailing Address: 2 Wellington Street West
Brampton, ON L6Y4R2

This certificate is issued to:

USER GROUPS PER ABOVE WHO HAVE PURCHASED THE \$2,000,000 LIMIT OF INSURANCE THROUGH THE CITY OF BRAMPTON'S USER GROUP PROGRAM.

TYPE OF INSURANCE	INSURER	POLICY NUMBER	MASTER POLICY PERIOD	LIMITS & COVERAGES
Commercial General Liability	Allianz Global Corporate & Specialty Canada	CAT0020082190W – CAT002082190001 – SECTION A	September 15, 2019 to December 31, 2020 12:01am	\$ 2,000,000. Inclusive Limit Bodily Injury and Property Damage \$ 2,000,000. Products and Completed Operations Aggregate \$ 10,000,000. General Aggregate \$ 1,500. Bodily Injury/Property Damage Ded/SIR

Operations and Locations to which this Certificate Applies:

Solely with respect to use of Facilities at locations on file with insurer, with respect to individual and/or Group Third Party users only. This insurance afforded is subject to terms, conditions, and exclusions or the applicable policy.

Limit of Coverage:

The insurance coverage under this Master Policy is valid only to those users and/or renters who have PURCHASED and PAID for coverage under this program and only for those dates reported in their Rental Agreement on file with the City of Brampton.

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the Insurer will endeavour to mail 30 days written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Insurer.

CLAIMS/INCIDENT REPORTING CONTACT ARMOUR INSURANCE BROKERS LTD.

REGULAR BUSINESS HOURS: 905-452-5127 / TOLL FREE 1-877-452-5127

AFTER HOURS OR WEEKENDS: 647-625-3003

Date: September 15, 2019

Per: _____



Authorized Representative

User Facility Program Summary of Coverage



The following is a brief outline of the coverage included under the "Facility User Program". The summary is for information purposes only. Coverage under this program is governed by the full and complete policy wording issued by the Insurer. In the event of any discrepancies, as well as any interpretation of coverage and exclusions, the complete policy will take precedence.

Named Insureds:

Those individuals and/or company named on the rental agreement, including Officers, Employees, Volunteers, Officials, Coaches, Members and/or Participants, but only with respect to the Activity specified under the City of Brampton's rental agreement, and only if coverage has been purchased and paid for within the rental agreement.

First Named Insured:

The City of Brampton but only with respect to the Activity of the Facility User specified within the Rental Agreement.

Effective Time and Expiry of Coverage:

Coverage is only in effect on the date and time indicated within the Rental Agreement.

Limits of Coverage:

Refer to the Certificate(s) which can be down loaded from the City's web-site at: www.brampton.ca

Limits are subject to the amount of cover you have purchased, as well as any sub-limits and/or aggregates contained within the policy.

Location of Coverage:

Coverage is afforded for specific Area(s) Named within the Rental Agreement and only for those location(s) owned, occupied, or rented by the City of Brampton.

Scope of Coverage:

- Broad Form Property Damage to Third Parties Property
- Bodily Injury to Third Parties
- Bodily Injury to Participants, as well as bodily injury actions from one participant to another participant, excluding any criminal act. (Bodily injury will include Sport Participants, if the Sport Activity is declared on the rental agreement and the appropriate premium has been paid with the rental fees).
- Personal Injury including Advertising Liability, False Arrest, Libel & Slander
- Cross Liability Clause – policy will respond to legal actions that fall within the scope of coverage when one named insured/additional insured sues another.
- Broad Form Tenants Legal Liability
- Contractual Liability
- Contingent Employers Liability
- Liquor Liability (if purchased through the rental agreement)
- Broad Form Vendor Coverage (if purchased through the rental agreement)
- Incidental Medical Malpractice
- Use of force to protect persons or property
- Non-owned Automobile Coverage, SEF 94 (\$50,000 limit, deductible \$1,000), SEF 96, SEF 99
- Volunteer Medical Payments
- Defense Expenses in addition to the limits of Insurance

Deductible/Self-Insured Retention:

\$1,500 per occurrence for both Bodily Injury and Property Damage (which is the responsibility of the person and/or organization named on the rental agreement).

Any Inquiries with regards to the coverage should be directed to Armour Insurance Broker Services Ltd. At 905- 452-5127 or www.armour-insurance.com

Facility User Claim / Incident Report

Email direct to: claims@instantriskcoverage.com
OR send to your Broker: **Armour Insurance Brokers Ltd.**
raj@armour-insurance.com or Fax: 905-452-5128

NOTE: FILING AN INCIDENT OR CLAIM REPORT IS TIME SENSITIVE. THERE IS A 10 DAY NOTICE FOR PROVIDING A MUNICIPALITY WITH NOTICE OF CERTAIN TYPES OF CLAIMS AND A TWO YEAR LIMITATION PERIOD FOR BRINGING AN ACTION IN RESPECT TO ALL CLAIMS.

Facility Renter Information:

Rental Contract Number: _____ (If at all possible attach the rental contract)
Name of Organization (if applicable) _____
Or if not applicable, complete the personal name the rental contact was in below:
First Name _____ Middle Initial _____ Last Name _____
Address of Organization or person on the rental contract
Address Unit No. _____ Street No. _____ Street _____
City _____ Province _____ Postal Code _____
Home Phone (____)____ - _____ Work Phone (____)____ - _____ x _____ Email _____
If an organization, contact person's name: _____

Information on Third Party (person injured or their property damaged)

First Name _____ Middle Initial _____ Last Name _____
Address Unit No. _____ Street No. _____ Street _____
City _____ Province _____ Postal Code _____
Home Phone (____)____ - _____ Work Phone (____)____ - _____ x _____ Email _____

Incident Information

Incident Date _____ Time of Incident (am or pm) _____
Was this Reported to within 24 hours? Yes No If no, why? _____
Location description (including address if known) _____
Facility _____ Location of Facility _____
Other _____
Description of incident _____
Description of Property Damage or Injuries _____

PLEASE PROVIDE/ATTACH PHOTOS, INVOICES, AND ANY OTHER RELEVANT DOCUMENTATION

If Reported to Police Provide the Following

Officer's name _____ Badge # _____ Occurrence # _____
Police report attached? Yes No

Witness Information (1)

First Name _____ Middle Initial _____ Last Name _____
Address Unit No. _____ Street No. _____ Street _____
City _____ Province _____ Postal Code _____
Home Phone (____)____ - _____ Work Phone (____)____ - _____ x _____ Email _____

