



CERTIFICATE OF INSURANCE

Certificate No.: XXXX

Certificate Holder: **Gymnastics BC and GymBC Member Club**

Name of Insured: Insured Name(s)
Address
City, BC Canada Postal Code

This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the policy. This certificate does not amend, extend or alter the coverage afforded by the policies listed herein

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 / expenses.

Schedule of Insurance(s)			
Type of Insurance	Insurer(s) and Policy Number(s)	Effective / Expiry Dates	Limits of Liability / Amount of Coverage (CAD)
Commercial General Liability (Occurrence Basis)	Insurance Company Name, arranged by XXXX (if/as required) Policy No. XXXXXXXX	MM DD 202X to MM DD 202X	\$5,000,000 Each Occurrence, Bodily Injury & Property Damage Liability \$5,000,000 Products and Completed Operations Aggregate \$5,000,000 Personal and Advertising Injury Liability \$2,000,000 Tenant's Legal Liability, any one premises
Terms and Conditions			
Re: Evidence of Insurance Gymnastics BC and GymBC Member Club are added as Additional Insured(s) to the above-referenced Commercial General Liability policy but only with respect to liability arising out of the operations of the Named Insured. <ul style="list-style-type: none">Participant Liability included.			

These statements have been made in good faith and are a summary of the insurance coverage in force (which is subject to the full terms and conditions of the policy). We accept no responsibility whatsoever for any inadvertent or negligent act, error or omission on our part in preparing these statements or for any loss, damage or expense thereby occasioned to any recipient of this certificate.

INSURANCE BROKER / COMPANY NAME

Date: MM DD, 202X

Per: Signature here
FIRST AND LAST NAMES, TITLE

INSURANCE BROKER/COMPANY NAME
Address
City, Prov Canada Postal Code
Website address