



# 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>
<b>To Whom it may Concern</b>	<b>Ontario Federation of Snowmobile Clubs &amp; Member Organizations</b>
	<b>322 King Street, Unit 9 and 10</b>
	<b>Barrie, ON</b>
	POSTAL CODE <b>L4N 6L2</b>

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)**  
**Re: The Certificate of Insurance (COI) naming the Additional Insured party is only applicable to the Ontario Federation of Snowmobile Clubs insurance policy pertaining to coverage for liability arising from the grooming, operation, use and maintenance of the snowmobile trail, but only with respect to the negligence of the Member snowmobile club and/or district for those operations usual to a snowmobile trail.**

**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 <b>OR</b> <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/>  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY	<b>Novex Ins Comp (Intact)</b> <b>501406921</b>	<b>2024/10/1</b>	<b>2025/10/1</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - EACH OCCURRENCE		<b>5,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>5,000,000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY AGGREGATE		<b>5,000,000</b>
				TENANTS LEGAL LIABILITY		<b>1,000,000</b>
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> FOLLOW FORM	<b>Effected with certain Lloyd's Underwriters B174012250PC22</b>	<b>2024/10/1</b>	<b>2025/10/1</b>	EACH OCCURRENCE		<b>10,000,000</b>

**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>
<b>Halpenny Insurance Brokers Ltd</b>	<b>N/A</b>
<b>1550A Laperriere Ave</b>	
<b>Suite 104</b>	
<b>Ottawa, ON</b>	
	POSTAL CODE <b>K1Z7T2</b>
<b>BROKER CLIENT ID: ONTAFED-01</b>	POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>	
ISSUER <b>Halpenny Insurance Brokers Ltd</b>	CONTACT NUMBER(S) TYPE <b>Phone</b> NO. <b>(613) 722-7626</b> TYPE <b>Fax</b> NO. <b>(613) 722-5382</b>
AUTHORIZED REPRESENTATIVE <b>Mike Oulahen</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>2024/09/30</b> EMAIL ADDRESS <b>moulahen@halpenny.com</b>