

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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS		
Ministry of Sport			The Canadian Racquetball Association		
777 Bay St., 2nd Floor			145 Pacific Avenue		
Toronto ON			Winnipeg MB		
POSTAL CODE M7A 1S5			POSTAL CODE R3B 2Z6		

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Sanctioned Activities of the Named Insured with Respect to Racquetball Activities in Canada Endorsements: Liquor Liability Exclusion, Contagious Disease Exclusion His Majesty the King in right of Ontario, His minister, agents, appointees and employees, the Ministry of Sport to 777 Bay St., 2nd Floor, Toronto ON M7A 1S5 See Attached...

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.

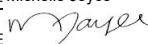
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

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
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> E&O LIABILITY <input checked="" type="checkbox"/> PARTICIPANT LIAB	GameDay Insurance Inc. SLE00996	2025/11/15	2026/11/15	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	1,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000
				PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000
				MEDICAL PAYMENTS		10,000
				TENANTS LEGAL LIABILITY	1,000	250,000
				POLLUTION LIABILITY EXTENSION		
				E&O Liability	1,000	1,000,000
				Participant Liability		Included
				NON-OWNED AUTOMOBILES		5,000,000
				HIRED AUTOMOBILES	1,000	50,000
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> ABUSE	Aviva Insurance Company of Canada SLE00996	2025/11/15	2026/11/15	Abuse	2,500	1,000,000
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)
Arthur J. Gallagher Canada Limited	Ministry of Sport
435 McNeilly Road, Suite 203	777 Bay St., 2nd Floor
Stoney Creek ON	
POSTAL CODE L8E 5E3	
BROKER CLIENT ID:	
CERTIFICATE NUMBER: 1779036582	Toronto ON
	POSTAL CODE M7A 1S5

8. CERTIFICATE AUTHORIZATION	
ISSUER Arthur J. Gallagher Canada Limited	CONTACT NUMBER(S)
DAMAGE INSURANCE BROKER	TYPE Phone NO. 905-575-1122 TYPE NO.
AUTHORIZED REPRESENTATIVE Michelle Joyce	TYPE Fax NO. 905-643-8321 TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	DATE 2025/11/21 EMAIL ADDRESS michelle_joyce@ajg.com

DESCRIPTIONS Continued.

is added as an additional insured to the Commercial General Liability Coverage Policy, but only with respect to liability arising out of operations carried out by or on behalf of the Named Insured, excluding any automobile liability.
Contractual Liability Included