



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

The Peterborough Horticultural Society

PO Box 1372

Peterborough ON K9J 7H6

Peterborough Ontario K9J 8L5

2. INSURED'S FULL NAME AND MAILING ADDRESS

Ontario Invasive Plant Council

4601 Guthrie Dr.

P. O. Box 2800

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Non-Profit Organization for the education of Invasive Plants. ***Peterborough Garden Show April 6-9, 2017 at The Evinrude Centre 911 Monaghan Road, Peterborough ON K9J 5K5**

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 type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Dominion of Canada General Insurance Company - CCP3010889	2016/04/13	2018/04/13	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY				
				- GENERAL AGGREGATE				
				- EACH OCCURRENCE				
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE				
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY			\$5,000,000	
				MEDICAL PAYMENTS			\$2,500	
				TENANTS LEGAL LIABILITY			\$1,000	\$250,000
				POLLUTION LIABILITY EXTENSION				
				NON OWNED AUTOMOBILE				
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 AND PROPERTY DAMAGE COMBINED				
				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 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 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 company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS

Monkman Gracie & Johnston Insurance Brokers

261 George St. North, P.O. Box 448

Peterborough ON K9J 6Z3

Peterborough ON K9J 7H6

BROKER CLIENT ID: ONTAR60

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)

The Peterborough Horticultural Society

PO Box 1372

Peterborough ON K9J 7H6

8. CERTIFICATE AUTHORIZATION

ISSUER Monkman Gracie & Johnston Insurance Brokers

AUTHORIZED REPRESENTATIVE Kelly Chapell, B. Econ.

SIGNATURE OF AUTHORIZED REPRESENTATIVE *Mel*

CONTACT NUMBER(S)
TYPE Main NO. (705) 742-8863 TYPE Fax NO. (705) 743-1996
TYPE NO. TYPE NO.

DATE April 05, 2017

EMAIL ADDRESS kchapell@gjinsurance.com