

**CSIO**

# 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>		
The Corporation of the City of Thunder Bay			Kennedy Jones o/a Funtastic Castles and Thunder VR & Interstellar Outdoor Cinema		
BOX 800, 500 Donald Street E			25 Marlborough Street		
Thunder Bay ON POSTAL CODE P7C 5K4			Thunder Bay ON POSTAL CODE P7B 4G2		

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
 Activities of the Named insured with respect to Inflatable rentals virtual rooms -Staff to set up, take down and supervise  
**NO COVERAGE FOR ACTUAL EVENT UNDER THIS CERTIFICATE**

**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 type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Underwriters as arranged by Special Risk Insurance Managers SR050222	2024/06/24	2025/06/24	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000	\$5,000,000
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
				MEDICAL PAYMENTS		\$5,000
TENANTS LEGAL LIABILITY		\$250,000				
POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Underwriters as arranged by Special Risk Insurance Managers SR050222	2024/06/24	2025/06/24	NON OWNED AUTOMOBILE		\$5,000,000
<b>AUTOMOBILE LIABILITY</b> <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	SR050222			BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Cross Liability included  <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 15 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> (but only with respect to the operations of the Named Insured)		
Westland Insurance			The Corporation of the City of Thunder Bay & Current River, West Thunder , North End		
214 Red River Rd			North McIntyre, West Arthur, Vickers Heights Community Centres, Volunteer & Art Widnall Pools		
			South Neebing and Oliver Road Community Centres & Fort William Gardens		
Thunder Bay ON POSTAL CODE P7B 4A6			Box 800, 500 Donald Street E		
<b>BROKER CLIENT ID:</b>			Thunder Bay ON POSTAL CODE P7C 5K4		

<b>8. CERTIFICATE AUTHORIZATION</b>			
ISSUER Westland Insurance		CONTACT NUMBER(S)	
AUTHORIZED REPRESENTATIVE <i>Marnie Kasper, CAIB CRM</i>		TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Marnie Kasper</i>		TYPE	NO.
		DATE 2025/01/14	EMAIL ADDRESS