



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

Sinclair SS

380 Taunton Road E.

Whitby

ON

POSTAL
CODE

L1R 2K5

2. INSURED'S FULL NAME AND MAILING ADDRESS

DECA Ontario, An Association of Business Students

341-100 Richmond Street West

Toronto

Ontario

POSTAL
CODE

M5H 3K6

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

Extra-curricular program for secondary school students in Ontario creating professional partnerships and experiential learning opportunities.

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 type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input 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 type="checkbox"/> <input type="checkbox"/>	Encon Insurance Managers Inc. - CGL541271	2022/02/01	2023/02/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000	\$1,000,000
				- EACH OCCURRENCE		\$1,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$1,000,000
				MEDICAL PAYMENTS		\$5,000
				TENANTS LEGAL LIABILITY	\$1,000	\$500,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Encon Insurance Managers Inc. -	2022/02/01	2023/02/01	NON-OWNED AUTOMOBILES		\$1,000,000
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Encon Insurance Managers Inc. -	2022/02/01	2023/02/01	HIRED AUTOMOBILES	\$500	\$50,000
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		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Professional Liability	Encon Insurance Managers Inc. - NP-541271	2022/02/01	2023/02/02	Errors & Omissions		\$2,000,000

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 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 ADDRESSFirstbrook Cassie & Anderson Limited
1867 Yonge St. #300

Toronto

ON

POSTAL
CODE

M4S 1Y5

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial General Liability- but only with respect to the operations of the Named Insured)

Sinclair SS
380 Taunton Road E.

BROKER CLIENT ID: DECAO-1

Whitby

ON

POSTAL
CODE

L1R 2K5

8. CERTIFICATE AUTHORIZATION

ISSUER Firstbrook Cassie & Anderson Limited

AUTHORIZED REPRESENTATIVE Mona Ahmed

CONTACT NUMBER(S)

TYPE Main NO. (416) 486-1421

TYPE Fax

NO. (416) 486-7035

TYPE NO.

TYPE

NO.

SIGNATURE OF
AUTHORIZED REPRESENTATIVE

DATE October 4, 2022

EMAIL ADDRESS mahmed@fcainsurance.com