



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
Waterloo Catholic District School Board 35 Weber St. W. Unit A PO Box 91116 Kitchener ON POSTAL CODE N2G 4G2	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. - CGL480059	2019/02/01	2020/02/01	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000				
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE						
								- EACH OCCURRENCE		\$5,000,000
								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		\$5,000
								TENANTS LEGAL LIABILITY	\$1,000	\$500,000
								POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Encon Insurance Managers Inc. -	2019/02/01	2020/02/01	NON-OWNED AUTOMOBILES		\$1,000,000				
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Encon Insurance Managers Inc. -	2019/02/01	2020/02/01	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-480059	2019/02/01	2020/02/02	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 ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)
Firstbrook Cassie & Anderson Limited 1867 Yonge St. #300 Toronto ON POSTAL CODE M4S 1Y5	Waterloo Catholic District School Board 35 Weber St. W. Unit A PO Box 91116 Kitchener ON POSTAL CODE N2G 4G2
BROKER CLIENT ID: DECAO-1	

8. CERTIFICATE AUTHORIZATION	
ISSUER Firstbrook Cassie & Anderson Limited	CONTACT NUMBER(S) TYPE Main NO. (416) 486-1421 TYPE Fax NO. (416) 486-7035 TYPE NO. TYPE NO.
AUTHORIZED REPRESENTATIVE Geoff Au	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE June 12, 2019 EMAIL ADDRESS gau@fcainsurance.com