



# 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>	
Goodman School Of Business Brock University 1812 Sir Isaac Brock Way		DECA Ontario, An Association of Business Students 341-100 Richmond Street West	
Saint Catharines	ON	POSTAL CODE L2S 3A1	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. Re: November 2023 Conference

**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 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. - CGL608347	2023/02/01	2024/02/01	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. -	2023/02/01	2024/02/01	NON-OWNED AUTOMOBILES		\$1,000,000		
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Encon Insurance Managers Inc. -	2023/02/01	2024/02/01	HIRED AUTOMOBILES	\$500	\$50,000		
<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				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE				
				AGGREGATE				
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Professional Liability	Encon Insurance Managers Inc. - NP-608347	2023/02/01	2024/02/02	Directors & Officers		\$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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Firstbrook Cassie & Anderson Limited 1867 Yonge St. #300		Goodman School Of Business Brock University 1812 Sir Isaac Brock Way	
Toronto	ON	POSTAL CODE M4S 1Y5	

**BROKER CLIENT ID:** DECAO-1      Saint Catharines      ON      POSTAL CODE L2S 3A1

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER Firstbrook Cassie & Anderson Limited	AUTHORIZED REPRESENTATIVE Mona Ahmed	TYPE Main NO. (416) 486-1421	TYPE Fax NO. (416) 486-7035
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE June 14, 2023	EMAIL ADDRESS mahmed@fcinsurance.com