



CERTIFICATE OF LIABILITY INSURANCE

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
Confirmation of Insurance	1393215 Ontario Inc o/a Red Rose Convention Centre 1233 Derry Road East Mississauga, Ont L5T1B6

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

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 the 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 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"/>	Intact Insurance 591217967	2016/ 11/ 5	2017/ 11/ 5	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate	1,000	8,000,000
				- Each Occurrence	1,000	8,000,000
				Products and Completed Operations Aggregate		
				<input type="checkbox"/> Personal Injury Liability	1,000	8,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		25,000
				Tenants Legal Liability	1,000	1,000,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles				Non-Owned Automobile	1,000	8,000,000
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
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"/> PROPERTY OF EVERY DESCRIPTION <input type="checkbox"/> <input type="checkbox"/>	Intact Insurance 591217967	2016 / 11 / 5	2017 / 11 / 5	Building - All Risk	1,000	9,579,000
				Replacement cost		

5. CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor 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)
AAXEL INSURANCE BROKERS LTD. 1550 South Gateway Rd Ste 220 Mississauga, Ont L4W 5G6 BROKER CLIENT ID: REDR01	

8. CERTIFICATE AUTHORIZATION			
Issuer	AAXEL INSURANCE BROKERS LTD.	Contact Number(s)	
Authorized Representative	Deepthy Varma	Type No	Type No
Signature of Authorized Representative		Type Phone No (905) 362-8080	Type Fax No (888) 511-3535
		Date	EEmail Address
		2017 9 7	cl@aaxelinsurance.com