



# 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	
Ted Rogers Mba 55 Dundas St W		DECA Ontario, An Association of Business Students 341-100 Richmond Street West	
Toronto	ON	POSTAL CODE M5G 2C3	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 <input type="checkbox"/>	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.

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		Ted Rogers Mba 55 Dundas St W	
Toronto	ON	POSTAL CODE M4S 1Y5	
BROKER CLIENT ID: DECAO-1		Toronto	ON POSTAL CODE M5G 2C3

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 Mona Ahmed	DATE June 14, 2023 EMAIL ADDRESS mahmed@fcinsurance.com		
SIGNATURE OF AUTHORIZED REPRESENTATIVE			