



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
BOXING NOVA SCOTIA 5516 SPRING GARDEN ROAD, 4TH FLOOR HALIFAX NOVA SCOTIA B3J1G6	SPORT NOVA SCOTIA 5516 SPRING GARDEN ROAD, 4TH FLOOR HALIFAX, NOVA SCOTIA B3J1G6

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

ACTIVITIES OF PROVINCIAL SPORT GOVERNING BODY & MEMBER ASSOCIATIONS AS ENDORSED HEREIN.

Sanctioned Events Limitation.
 Trampoline and Trampoline Parks Exclusion.
 Injury to Participant included.
 Liquor Liability Excluded
 All Limits of coverage in Canadian dollars

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 checked="" 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 checked="" type="checkbox"/> E&O LIABILITY / D&O <input checked="" type="checkbox"/> STANDARD NON-OWNED AUTO	MARKEL (ESR) CAS771841-03	2025/ 11/ 15	2026/ 11/ 15	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000				
				Products and Completed Operations Aggregate	1,000	5,000,000				
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000				
				Medical Payments		2,500				
				Tenants Legal Liability	1,000	250,000				
				Pollution Liability Extension						
				E&O LIABILITY / D&O	1,000	1,000,000				
				STANDARD NON-OWNED	1,000	5,000,000				
				<input checked="" type="checkbox"/> Non-Owned Automobiles	CAS771841-03 MARKEL	2025/ 11/ 15	2026/ 11/ 15	Non-Owned Automobile	1,000	5,000,000
				<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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 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)
ALLIED INSURANCE BROKERS INC 454 MAIN STREET KENTVILLE, NS B4N 3X9 BROKER CLIENT ID: SPORT1	BOXING NOVA SCOTIA 5516 SPRING GARDEN ROAD, 4TH FLOOR HALIFAX NOVA SCOTIA B3J1G6

8. CERTIFICATE AUTHORIZATION

Issuer	ALLIED INSURANCE BROKERS INC	Contact Number(s)	
Authorized Representative		Type Cell	No (902) 691-1775
Signature of Authorized Representative		Type Phone	No (902) 678-1187
		Type Fax	No (902) 678-5770
		Date	2025 11 14
		EEmail Address	srobinson@alliedinsurance.ca