



# 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
<b>BOXING NOVA SCOTIA</b> <b>5516 SPRING GARDEN ROAD</b>  <b>HALIFAX, NOVA SCOTIA</b> <b>B3J 1G5</b>	<b>SPORT NOVA SCOTIA</b> <b>5516 SPRING GARDEN ROAD, 4TH FLOOR</b>  <b>HALIFAX, NOVA SCOTIA B3J1G5</b>

**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 (PSOs)**  
**SUBJECT TO TERMS AND CONDITIONS OF SPORT NOVA SCOTIA MASTER POLICY #CAS771841-01.**

**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				
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Claims Made <b>OR</b> <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"/> ERRORS & OMISSIONS D&O <input checked="" type="checkbox"/> D&O ANNUAL AGGREGATE	MARKEL (ESR)  CAS771841-01 SN	2023/ 11/ 15	2024/ 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		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		250,000				
				Pollution Liability Extension						
				ERRORS & OMISSIONS D&O	1,000	1,000,000				
				D&O ANNUAL AGGREGATE		1,000,000				
				<input checked="" type="checkbox"/> Non-Owned Automobiles	CAS771841-01 MARKEL	2023/ 11/ 15	2024/ 11/ 15	Non-Owned Automobile		5,000,000
				<input type="checkbox"/> Hired Automobiles						
<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"/> SEF 94 LEGAL LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES <input type="checkbox"/> <input type="checkbox"/>	CAS771841-01	2023 / 11 / 15	2024 / 11 / 15		1,000	50,000				

**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)
<b>ALLIED INSURANCE BROKERS INC</b> <b>P. O. BOX 666, 454 MAIN STREET</b> <b>KENTVILLE, NS B4N 3X9</b>  <b>BROKER CLIENT ID: SPORT1</b>	

**8. CERTIFICATE AUTHORIZATION**

Issuer	ALLIED INSURANCE BROKERS INC	Contact Number(s)	
Authorized Representative		Type No	Type No
Signature of Authorized Representative		Type Phone No (902) 678-1187	Type Fax No (902) 678-5770
		Date	EEmail Address
		2023   11   14	srobinson@alliedinsurance.ca