




CERTIFICATE OF INSURANCE					DATE March 24, 2022	
BROKER 		This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.				
		COMPANIES AFFORDING COVERAGE				
		COMPANY A Lloyds Underwriters as arranged by Special Risk Insurance Managers				
INSURED Karen Hoban o/a Victoria All Fun Slo Pitch 		COMPANY B COMPANY C COMPANY D				
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 requirement, term or condition 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 below may be reduced by paid claims:						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRY DATE (YY/MM/DD)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Tenant's Legal Liability <input checked="" type="checkbox"/> Non-Owned <input type="checkbox"/> Hired	SP019444	2022-04-1	2022-10-31	Each Occurrence	\$2,000,000
					General Aggregate	\$2,000,000
					Products – Completed/Op Agg	\$2,000,000
					Personal Injury	\$2,000,000
					Tenant's Legal Liability	\$ 250,000
					Medical Payments Any One Person	\$ 5,000
					Non-Owned Automobile	\$ 2,000,000
A	Errors & Omissions Sublimit					\$ 2,000,000
A	ADDITIONAL INSURED but only with respect to liability arising vicariously out of the operations of the named insured. Waiver of Subrogation applies in favour of: School District 61 & The Corporation of the District of Saanich	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS Baseball/Softball Teams - 280 participants Playing at Cedar Hill Middle School 3910 Cedar Hill Rd, Victoria, BC V8P 3Z9 & Braefoot Park 3970 Braefoot Road # 3944, Victoria, BC Policy includes Injury to Participants				
CERTIFICATE HOLDER		CANCELLATION				
School District 61 & The Corporation of the District of Saanich c/o Saanich Parks and Recreation 1040 McKenzie Avenue Victoria, BC, CA V8P 2L4		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 to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.				
		AUTHORIZED REPRESENTATIVE - Barb Delmonico  Westland Insurance Group Ltd				

This policy contains a clause that may limit the amount payable.



#103 8411 200th St, Langley, BC V2Y 0E7
Ph: (604) 888-0050, Fax: (604) 888-1008

SPORTS PLUS INSURANCE

COMMERCIAL INSURANCE POLICY

POLICY # **SP019444**

Short-Term Policy Declaration-Endorsement 1

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE

POLICY DECLARATIONS

INSURED	POLICY PERIOD
Karen Hoban O/A Victoria All Fun Slo Pitch [REDACTED]	(Standard Time at the address of the Insured) Inception: Apr 1, 2022 12:01 AM Effective: April 1, 2022 Expiry: October 31, 2022 11:59 PM

DESCRIPTION OF OPERATIONS

Activities of the named insured with respect to: Baseball/Softball

LOCATIONS

Locations to which this policy applies: All locations used by the Named Insured.

ADDITIONAL INSURED

It is hereby understood and agreed that the following are added as additional insured(s), but only with respect to liability arising out of the operations of the named insured:

- School District 61 & The Corporation Of The District Of Saanich C/o Saanich Parks And Recreation, 1040 McKenzie Avenue Victoria, BC, CA V8P 2L4.: IT IS HEREBY UNDERSTOOD AND AGREED THAT The Insurer Agrees To Waive Any Rights Of Subrogation It May Have Under This Policy In Favour Of School District 61 & The Corporation Of The District Of Saanich C/o Saanich Parks And Recreation- 1040 McKenzie Avenue Victoria, BC, CA V8P 2L4. This Waiver, However, Shall Not Apply To Claims Arising From The Sole Negligence Of School District 61 & The Corporation Of The District Of Saanich C/o Saanich Parks And Recreation. (City/Township)

Broker: Westland Insurance Group Limited
Unit 200, 2121 160 Street
Surrey BC V3Z 9N6
Broker Number: 151

Revised Total Premium	\$840
Policy Fees (Non-Refundable)	\$100
Total Owing	\$940
Minimum Retained Premium if Policy Cancelled	\$840

ENDORSEMENT 1	Amount
IT IS HEREBY UNDERSTOOD AND AGREED THAT THE Mailing Address has been amended.	Liability Included Accident Included

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy. For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Claims: Please report claims to your insurance broker or to claims@srjm.ca, or visit our website at www.srjm.ca

Created On: March 7, 2022

Printed On: Mar 28, 2022



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**SPORTS PLUS INSURANCE
 COMMERCIAL INSURANCE POLICY**

POLICY #: SP019444

Short-Term Policy Declaration-Endorsement 1

Section 1 - Liability Coverage

Form	Coverage Description	Reimbursement	Limit	Premiums
OLDA 5603A	Commercial General Liability Wording CGL & E&O			Included
Coverage A	Bodily Injury and Property Damage - per occurrence	\$1,000	\$2,000,000	Included
Coverage A	Products and Completed Operations - aggregate limit	\$1,000	\$2,000,000	Included
Coverage B	Personal Injury & Advertising Injury Liability - per occurrence	\$1,000	\$2,000,000	Included
Coverage C	Medical Expense Limit - per person & per accident	\$0	\$5,000 /per & \$25,000 /acc	Included
Coverage D	Tenants Legal Liability Broad Form	\$1,000	\$250,000	Included
Coverage E	Errors & Omissions Sublimit	\$1,000	\$2,000,000	Included
SPF No. 6	Non-Owned Automobile Liability (any one accident)	\$1,000	\$2,000,000	Included

Applicable To All Liability Coverage

Form #		Form #	
IFC33000	Insuring Agreement	5001	Additional Insureds
5002	Molestation Exclusion	5003c	Intent to Injure Exclusion
5006A	Host Liquor Liability Exclusion	5007	Forcible Ejection Exclusion
5008	Reimbursement Clause Endorsement	5290	Policy Territory Endorsement
5045A	USA Exclusion Endorsement	5049	Fungi and Fungal Derivatives Exclusion Endorsement
5051a	Trampoline Activities Exclusion	5052	Total Asbestos Exclusion
5061b	Other Insurance Amendment Endorsement	5090	Policy Disputes
5091	Punitive and Exemplary Damages Exclusion Clause	5156	Additional Insured Certificate Holders
5165	English Language Policy Wording Acknowledgement	5175	Waiver Warranty
5186a	Illegal Substances & Activities Exclusion	LMA5528	Cyber and Data Total Exclusion Endorsement
LMA5396	Communicable Disease Exclusion	NMA1978a	Nuclear Incident Exclusion
NMA2915	Electronic Data Endorsement B	NMA2918	War and Terrorism Exclusion Endorsement

Applicable To All Coverages Of This Policy

Form #		Form #	
LMA3100	Sanction Limitation and Exclusion Clause	LSW1542F	Lloyd's Underwriters' Policyholders' Complaint Protocol
LSW1543D	Notice Concerning Personal Information	LSW1565C	Lloyd's Underwriters Code of Consumer Rights & Responsibilities
LMA5096	Several Liability Clause	LSW1001	Several Liability Notice
LSW1815	Statutory Conditions		Special Risk Disclosure Notice
	Special Risk Privacy Policy		Special Risk Cancellation Form

Remarks

This policy includes Participant Injury Coverage

Total Annual Receipts: \$12,600

Section 2 - Accident Coverage

Form	Coverage	Limit	Premium
ACC6000	SRIM Accident Coverage		Included
	Loss of Life, Dismemberment or Loss of Sight (as per table)	\$10,000.00	Included
	Permanent Loss / Disablement	\$20,000.00	Included
	Prosthetic Devices	\$3,000.00	Included
	Blanket Accident Reimbursement	\$10,000.00	Included
	Rehabilitation	\$3,000.00	Included
	Tuition	\$2,000.00	Included
	Special Treatment Travel	\$1,000.00	Included
	Out of Province Medical Accident (inside Canada)	\$10,000.00	Included
	Eyeglass, Contact Lens (Resulting from Injury)	\$100.00	Included
	Emergency Transportation	\$50.00	Included
	Blanket Dental	\$2,000.00	Included
	Future Dental Benefit	\$1,000.00	Included
	Dentures / Bridgework	\$2,000.00	Included
	Fractures	\$500.00	Included
	Babysitting	\$500.00	Included
	Youth Wage Loss	\$1,000.00	Included
	Aggregate Limit Payable for any one Accident	\$2,000,000.00	Included

Applicable To All Accident Coverage

Form #	Form #
6003 Nuclear Chemical & Biological Terrorism Exclusion	6004 Radioactive Contamination Exclusion
LSW1540 Statutory Conditions	LSW1565C Code of Consumer Rights & Responsibilities

IDENTIFICATION OF INSURER / ACTION AGAINST INSURER

This insurance has been effected in accordance with the authorization granted to the undersigned by Lloyd's Underwriters, whose names and proportions underwritten by them can be ascertained by reference to **Contract No. BB302490q / Unique Market Reference No. B0702BB302490q**, which bears the seal of Lloyd's Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd's Underwriters and may be seen at the office of the undersigned. The Underwriters identified in the said Contract shall be liable hereunder each for his own part and not one for another proportion to the several sums by each of them subscribed to the said contract.

In any action to enforce the obligations of the Underwriters liable hereunder they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is Royal Bank Plaza South Tower, 200 Bay Street, Suite 2930, P.O. Box 51, Toronto, Ontario M5J 2J2.

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, to SPECIAL RISK INSURANCE MANAGERS LTD., #103-8411 - 200th Street, Langley, BC V2Y 0E7
TEL: (604) 888-0050 FAX: (604) 888-1008

Countersigned



Authorized Representative

IDENTIFICATION OF INSURER / ACTION AGAINST INSURER

This insurance has been effected in accordance with the authorization granted to the undersigned by Lloyd's Underwriters, whose names and proportions underwritten by them can be ascertained by reference to **Contract No. BB306180q / Unique Market Reference No. B0702BB306180q**, which bears the seal of Lloyd's Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd's Underwriters and may be seen at the office of the undersigned. The Underwriters identified in the said Contract shall be liable hereunder each for his own part and not one for another proportion to the several sums by each of them subscribed to the said contract.

In any action to enforce the obligations of the Underwriters liable hereunder they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is Royal Bank Plaza South Tower, 200 Bay Street, Suite 2930, P.O. Box 51, Toronto, Ontario M5J 2J2.

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, to SPECIAL RISK INSURANCE MANAGERS LTD., #103-8411 - 200th Street, Langley, BC V2Y 0E7
TEL: (604) 888-0050 FAX: (604) 888-1008

Countersigned



Authorized Representative

IDENTIFICATION OF INSURER / ACTION AGAINST INSURER

This insurance has been effected in accordance with the authorization granted to the undersigned by Lloyd's Underwriters, whose names and proportions underwritten by them can be ascertained by reference to **Contract No. BB310740q / Unique Market Reference No. B0702BB310740q**, which bears the seal of Lloyd's Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd's Underwriters and may be seen at the office of the undersigned. The Underwriters identified in the said Contract shall be liable hereunder each for his own part and not one for another proportion to the several sums by each of them subscribed to the said contract.

In any action to enforce the obligations of the Underwriters liable hereunder they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is Royal Bank Plaza South Tower, 200 Bay Street, Suite 2930, P.O. Box 51, Toronto, Ontario M5J 2J2.

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, to SPECIAL RISK INSURANCE MANAGERS LTD., #103-8411 - 200th Street, Langley, BC V2Y 0E7
TEL: (604) 888-0050 FAX: (604) 888-1008

Countersigned



Authorized Representative

IDENTIFICATION OF INSURER

This insurance has been executed in accordance with the authorization granted to the undersigned by HDI Global Specialty SE.

NOTICE

In the event of an occurrence likely to result in a claim under this Insurance, immediate notice should be given to the undersigned.

In witness thereof this policy has been signed, as authorized by the Insurer, by:
SPECIAL RISK INSURANCE MANAGERS LTD., #103-8411 - 200th Street, Langley, BC V2Y 0E7

Countersigned



Authorized Representative

IDENTIFICATION OF INSURER

This insurance has been executed in accordance with the authorization granted to the undersigned by Trisura Guarantee Insurance Company.

NOTICE

In the event of an occurrence likely to result in a claim under this Insurance, immediate notice should be given to the undersigned.

In witness thereof this policy has been signed, as authorized by the Insurer, by:
SPECIAL RISK INSURANCE MANAGERS LTD., #103-8411 - 200th Street, Langley, BC V2Y 0E7

Countersigned



Authorized Representative

IDENTIFICATION OF INSURER / ACTION AGAINST INSURER

This insurance has been effected in accordance with the authorization granted to the undersigned by Lloyd's Underwriters, whose names and proportions underwritten by them can be ascertained by reference to **Contract No. / Unique Market Reference No. B0713AVNAM1900146**, which bears the seal of Lloyd's Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd's Underwriters and may be seen at the office of the undersigned. The Underwriters identified in the said Contract shall be liable hereunder each for his own part and not one for another proportion to the several sums by each of them subscribed to the said contract.

In any action to enforce the obligations of the Underwriters liable hereunder they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is Royal Bank Plaza South Tower, 200 Bay Street, Suite 2930, P.O. Box 51, Toronto, Ontario M5J 2J2.

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, to
SPECIAL RISK INSURANCE MANAGERS LTD., #103-8411 - 200th Street, Langley, BC V2Y 0E7
TEL: (604) 888-0050 FAX: (604) 888-1008

Countersigned



Authorized Representative

SUBSCRIPTION FORM

IN CONSIDERATION OF THE INSURED having or agreed to pay the premium set against the name of each INSURER named in the schedule of subscribing Companies forming part hereof or to INSURERS whose names are substituted therefore or added thereto by endorsement, herein after called "THE INSURERS".

THE INSURERS SEVERALLY AND NOT JOINTLY, each for the proportion or the sum insured and for the Coverages set against its name in the schedule of subscribing companies hereunder, agree with the INSURED named in the Declarations herein to insure as provided and limited in this Policy, its Riders and Endorsements.

The liability of The Insurers individually under this Policy shall be limited to that proportion of the loss payable under this Policy which the sum or proportion set against the name of the Individual Insurer in the schedule of subscribing Companies hereunder, or such other sum proportion as may be substituted therefore by endorsement, bears to the total of the sums respectively set against each item of this Policy and its Riders and Endorsements.

Wherever in this Policy, or in any endorsement attached hereto, reference is made to "The Company", "The Insurer", or "This Company", reference has been deemed to be made to each of the insurers severally.

THAT as regards each item of The Schedule the liability of THE INSURERS individually shall be limited to whichever is the least of:

- (a) That proportion of the actual cash value of the property at the time of loss, destruction or damage which the sum corresponding to the percentage of the sum insured by this policy set against the name of the individual Insurer in the List of Subscribing Companies, or such other sum as may be substituted therefore by endorsement, bears to the total of the sums respectively set against each item of The Schedule attached hereto, or
- (b) That proportion of the interest of THE INSURED in the property which the sum corresponding to the percentage of the sum insured by this policy set against the name of the individual Insurer in the List of Subscribing Companies, or such other sum as may be substituted therefore by endorsement, bears to the total of the sums respectively set against each item of The Schedule attached hereto, or
- (c) That proportion of the limit of insurance provided by The Schedule in respect of the property lost, destroyed or damaged which the sum corresponding to the percentage of the sum insured by this policy set against the name of the individual Insurer in the List of Subscribing Companies, or such other sum as may be substituted therefore by endorsement, bears to the total of the sums respectively set against each item of The Schedule attached hereto,

Provided however, that where the insurance applies to the property of more than one person of interest "THE INSURERS" total liability for loss sustained by all such persons and interests shall be limited in the aggregate to the specified limit or limits of liability.






If this Policy contains a Co-Insurance Clause or A Guaranteed Amount (Stated Amount) Clause, and subject always to the limit of liability of each Insurer corresponding to the percentage of the sum insured by this policy as set forth in the List of Subscribing Companies, no Insurer shall be liable for a greater proportion of any loss or damage to the property described in The Schedule attached hereto, than the sum insured by such Insurer bears to:

- (a) That percentage, stated in the Co-Insurance Clause, of the actual cash value of the said property at the time of loss, or
- (b) The guaranteed Amount (Stated Amount) of the total insurance stated in the Guaranteed Amount (Stated Amount) Clause, as the case may be.

If the insurance under this Policy is divided into two or more items, the foregoing shall apply to each item separately.

This Policy is subject to the terms and conditions set forth herein together with such terms and conditions as may be endorsed hereon added hereto. No term or condition of this Policy shall be deemed to be waived in whole or in part by THE INSURERS unless the waiver is clearly expressed in writing, signed by the person authorized for that purpose by THE INSURERS.

In Witness Whereof THE INSURERS through their representative(s) duly authorized by them for this purpose have executed and signed this policy.

The Insurer	Lineage Reference	Section	Percent Insured	Total Premium	Endorsement Premium	Signature
Lloyd's Underwriters under Contract No. BB302490q / Unique Market Reference No. B0702BB302490q as arranged by Special Risk Insurance Managers Ltd.	65	Liability	54%	\$304.00	Included	
Lloyd's Underwriters under Contract No. BB306180q / Unique Market Reference No. B0702BB306180q as arranged by Special Risk Insurance Managers Ltd.	A1	Liability	18%	\$100.00	Included	
Lloyd's Underwriters under Contract No. BB310740q / Unique Market Reference No. B0702BB310740q as arranged by Special Risk Insurance Managers Ltd.	AK	Liability	8%	\$44.00	Included	
HDI Global Specialty SE - Canadian Branch, as arranged by Special Risk Insurance Managers Ltd.		Liability	10%	\$56.00	Included	
Trisura Guarantee Insurance Company, as arranged by Special Risk Insurance Managers Ltd.		Liability	10%	\$56.00	Included	

Lloyd's Underwriters under Contract No.
B0713AVNAM1900146 / Unique Market
Reference No. B0713AVNAM1900146 as
arranged by Special Risk Insurance Managers
Ltd.

Accident 100% \$280.00 Included

Hullie

\$840.00

CANCELLATION AGREEMENT

(to be filled out and signed in the event of cancellation)

The undersigned Named Insured and Lienholder (if any) hereby acknowledge() that this policy and any renewal Certificate are hereby cancelled and agree(s) that all liability of the insurer thereunder is hereby terminated with respect to loss or damage occurring after the date and time stated below.

_____	AM / PM	_____
Current Date	Time	Effective date of Cancellation
_____		_____
Signature of Insured		Signature of Lienholder

DISCLOSURE NOTICE UNDER THE FINANCIAL INSTITUTIONS ACT

The Financial Institutions Act requires that the information contained in this Disclosure Notice be provided to the customer in writing at the time of entering into an insurance transaction.

1. **Special Risk Insurance Managers Ltd.** is licensed as a Managing General Agency by the Insurance Council of British Columbia.
2. This transaction is between you and **Underwriters at Lloyd's through Special Risk Insurance Managers Ltd.**
3. In soliciting the transaction described above, the broker is representing **Special Risk Insurance Managers Ltd.** who does business with the insurer.
4. The nature and extent of the insurer interest in **Special Risk Insurance Managers Ltd.** is none.
5. Upon completion of this transaction, the broker will be remunerated by way of commission or fee by **Special Risk Insurance Managers Ltd.**
6. The Financial Institutions Act prohibits the insurer from requiring you to transact additional or other business with the insurer or any other person or corporation as a condition of this transaction.
7. In accordance with the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

Insured: Karen Hoban

Policy: SP019444

Date: April 1, 2022