

CERTIFICATE OF INSURANCE

(To Be Completed Only By the Insurer or its Representative)

1. Name of Insured

2. Address & Telephone # of Insured

3. Operations of the Named Insured for which this Certificate is issued:

Commercial General Liability (Minimum Limit: \$2,000,000.00 per Occurrence)

A. Insuring Company

B. Policy Number

C. Policy Limit(s)

D. Effective Date

E. Expiry Date

4. Policy Provisions/Amendments/Endorsements

- A. Commercial General Liability is extended to include Personal Injury Liability, Broad Form Contractual Liability, Owner's and Contractor's Protective Coverage, Products and Completed Operations and Contingent Employers Liability.
- B. **THE BOARD OF GOVERNORS OF EXHIBITION PLACE, CANADIAN NATIONAL EXHIBITION ASSOCIATION, MAPLE LEAF SPORTS & ENTERTAINMENT, and THE CITY OF TORONTO** have been named as Additional Insureds but only with respect to liability arising out of the operations of the Named Insured for which an Agreement has been issued.
- C. The Commercial General Liability Policy(ies) identified above shall protect each insured in the same manner and to the same extent as though a separate policy has been issued to each, but nothing shall operate to increase the Limits of Liability as identified above beyond the amount or amounts for which the Company would be liable if there had been only one Insured.
- D. The Commercial General Liability Policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to any of the Additional Insureds as set out in Item 4B.
- E. If cancelled or changed to reduce the coverage outlined on this Certificate during the period of coverage as stated herein, thirty (30) days, (ten (10) days if cancellation is due to non-payment of premium), prior written notice by registered mail will be given by the Insurer(s) to **THE BOARD OF GOVERNORS OF EXHIBITION PLACE, EXECUTIVE OFFICES, EXHIBITION PLACE, TORONTO, ONTARIO M6K 3C3, TO THE ATTENTION OF THE GENERAL MANAGER.**

CERTIFICATION

I certify that the insurance is in effect as stated in this Certificate and that I have authorization to issue this Certificate for and on behalf of the Insurer(s). This Certificate is valid until the expiration date(s) shown in Item 3E unless notice is given in writing in accordance with Item 4E.

Date

Broker's Name and Address

Signature & Stamp of Certifying Official