




CERTIFICATE OF 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. This certificate of insurance does not constitute a contract between the Insurer, Brokerage/Agency and Certificate Holder.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS			
The Corporation of the County of Peterborough 470 Water Street, aPeterborough, Ontario, K9H 3M3			Upper Stoney Lake Association 2365 Crowes Landing Road, Mod 1, Box #5 Douro-Dummer, ON K0L 2H0			
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Cottage/Lake Association - Including placement of signs on property owned by the Certificate Holder.						
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	OPTIONAL SELECTION	INSURANCE COMPANY AND POLICY NO.	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
					COVERAGE	AMOUNT OF INSURANCE
GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE OR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> EMPLOYEE BENEFITS <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	<input checked="" type="checkbox"/> ADDITIONAL INSURED <small>If shown below</small> <input checked="" type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> PRIMARY & NON-CONTRIBUTORY	Aviva Insurance Company of Canada MIS 81600996	2023/05/31	2024/05/31	BODILY INJURY AND PROPERTY DAMAGE LIABILITY - EACH OCCURRENCE	\$5,000,000
					- GENERAL AGGREGATE	\$5,000,000
					PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$5,000,000
					PERSONAL AND ADVERTISING INJURY LIABILITY - Any one person or organization	\$5,000,000
					TENANTS PROPERTY DAMAGE LIABILITY - Any one premises	\$500,000
					EMPLOYERS LIABILITY	SAME AS GL
					EMPLOYEE BENEFITS LIABILITY	\$1,000,000
					POLLUTION LIABILITY EXTENSION - (120 hour) - Occurrence/Aggregate	
					NON-OWNED AUTOMOBILE	\$5,000,000
					AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES	
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
OTHER COVERAGES (SPECIFY)						
5. CANCELLATION						
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 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 (Commercial General Liability - but only with respect to the operations of the Named Insured)		
Cade Associates Insurance Brokers Limited 4800 Dundas St. West, Suite 100				The Corporation of the County of Peterborough		
Toronto, Ontario		POSTAL CODE M9A 1B1				
With respect to the General Liability only: Subject to the terms and conditions of the policy, additional insured status is provided, subrogation is waived and the policy is primary and non-contributory. Certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
8. AUTHORIZED SIGNATURE						
AUTHORIZED REPRESENTATIVE Ross Fraser				EMAIL ADDRESS clientservices@cadeinsurance.com		
SIGNATURE OF AUTHORIZED REPRESENTATIVE 				DATE July-14-2023		