

Signature of Authorized Signatory

645 Dodd Rd. Kelowna, BC V1X 5H1 250-469-8504 kelowna.ca

## CERTIFICATE OF INSURANCE

PERMIT #: \_\_\_\_\_\_Recreation & Culture

Insured Name: Address:						
Broker Name: Address:						
_ocation and nature of	operation and	d/or contract reference to	o which this Ce	ertificate applie	9S:	
C	commerc	ial Fitness Activ	vities in C	ity of Kel	owna Parks	
☐ April 1 - 30, 20		☐ August 1 – 31, 2023				
$\square$ May 1 – 31, 20		□ September 1 – 30, 2023				
☐ June 1 – 30, 2023		□ October 1 – 31, 2023				
☐ July 1 -31, 2023		☐ Full Season: April 1 – October 31, 2023				
			D-II:-	. Data		
Type of Insurance		Company & Policy Number	Effective	y Dates Expiry	Limits of Liability/Amounts	
Section 1					Bodily Injury and Property Damage	
Comprehensive General Liability including:					\$ <u>2,000,000</u> Inclusive	
Participant Injury;					\$ Aggregate	
Products/Completed					\$ Deductible	
Operations;						
<ul><li>Blanket Contractual;</li><li>Contractor's Protective;</li></ul>						
Personal Injury;						
<ul> <li>Contingent Employer's</li> </ul>						
Liability;						
• Broad Form Property Damage;						
Non-Owned Automobile;  Cross Liability Clause						
Cross Liability Clause.  Section 2					Bodily Injury and Property Damage	
Automobile Liability					Bodity injury and Property Bailings	
					\$ <u>2,000,000</u> Inclusive	
		olicy/policies noted above			reflect the following: o the City of Kelowna and shall be the	
		ured named above.	in the policy sin	an not apply to	o the city of Retowna and shall be the	
The City of Kelowna is named as an Additional Insured.						
30 days prior w	ritten notice	of material change and/	or cancellation	will be given t	o the City of Kelowna.	
Print Namo		Title	Title		Company (Incurer or Protect)	
Print Name		Title		Comp	Company (Insurer or Broker)	

Date