



1800 Parkinson Way  
 Kelowna, BC V1Y 4P9  
 250 469-8800  
 kelowna.ca

APPENDIX A-1  
**CERTIFICATE OF INSURANCE**

PERMIT #: \_\_\_\_\_  
 Recreation & Culture

**Insured**

Name:	
Address:	

**Broker**

Name:	
Address:	

**Location and nature of operation and/or contract reference to which this Certificate applies:**

**Commercial Fitness Activities in City of Kelowna Parks**

- |   |  |
|---|--|
| <input type="checkbox"/> April 1 - 30, 2021<br><input type="checkbox"/> May 1 – 31, 2021<br><input type="checkbox"/> June 1 – 30, 2021<br><input type="checkbox"/> July 1 -31, 2021 | <input type="checkbox"/> August 1 – 31, 2021<br><input type="checkbox"/> September 1 – 30, 2021<br><input type="checkbox"/> October 1 – 31, 2021<br><input type="checkbox"/> Full Season: April 1 – October 31, 2021 |
|---|--|

Type of Insurance	Company & Policy Number	Policy Dates		Limits of Liability/Amounts
		Effective	Expiry	
<b>Section 1</b> Comprehensive General Liability including: <ul style="list-style-type: none"> <li>• Participant Injury;</li> <li>• Products/Completed Operations;</li> <li>• Blanket Contractual;</li> <li>• Contractor’s Protective;</li> <li>• Personal Injury;</li> <li>• Contingent Employer’s Liability;</li> <li>• Broad Form Property Damage;</li> <li>• Non-Owned Automobile;</li> <li>• Cross Liability Clause.</li> </ul>				Bodily Injury and Property Damage  \$ <b>2,000,000</b> Inclusive \$ _____ Aggregate \$ _____ Deductible
<b>Section 2</b> Automobile Liability				Bodily Injury and Property Damage  \$ <b>2,000,000</b> Inclusive

It is understood and agreed that the policy/policies noted above shall contain amendments to reflect the following:

1. Any Deductible or Reimbursement Clause contained in the policy shall not apply to the City of Kelowna and shall be the sole responsibility of the Insured named above.
2. The City of Kelowna is named as an Additional Insured.
3. 30 days prior written notice of material change and/or cancellation will be given to the City of Kelowna.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Company (Insurer or Broker)

\_\_\_\_\_  
 Signature of Authorized Signatory

\_\_\_\_\_  
 Date