



CERTIFICATE OF LIABILITY 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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS	
The Technical Standards & Safety Authority 345 Carlingview Drive		Moonwalk Entertainment Inc. 412 Edgehill Dr.	
Toronto	ON	POSTAL CODE M9W 6N9	Barrie
			ON
			POSTAL CODE L4N 9X4

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
 Activities of the Named Insured with respect to Inflatable Bounce Rentals regarding an Event at Farmers Market 7315 Young Street, Innisfil, ON L9S 4V7 on June 6, 2019.

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	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Certain Lloyd's underwriters through Special Risk Insurance Managers Ltd. Policy No: SR001000	2019/05/08	2020/05/08	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000	\$5,000,000
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE	\$1,000	\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		
				OR		
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$1,000	\$5,000,000
				MEDICAL PAYMENTS	\$1,000	\$10,000
				TENANTS LEGAL LIABILITY	\$1,000	\$250,000
POLLUTION LIABILITY EXTENSION						
NON OWNED AUTOMOBILE	\$1,000	\$5,000,000				
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

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 AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)	
McDougall Insurance & Financial 172 King Street, East, Suite 300		Innisfil Farmers Market PO Box 7027	
Oshawa	ON	POSTAL CODE L1H 1B7	
BROKER CLIENT ID:		Innisfil	ON
			POSTAL CODE L9S 1A8

8. CERTIFICATE AUTHORIZATION

ISSUER Special Risk Insurance Managers Ltd.	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE	TYPE TEL:	NO. (604) 888-0050	TYPE NO.
Special Risk Insurance Managers Ltd.	TYPE FAX:	NO. (604) 888-1008	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2019/05/02	EMAIL ADDRESS	