

Policy Declarations

COMMERCIAL GENERAL INSURANCE POLICY

Policy Number: **GAME00693-001**
Status: New

NAMED INSURED:	Canadian Cycling Association operating as Cycling Canada Cyclisme a/o the Provincial Associations,	BROKER:	Holman Insurance Brokers Ltd
MAILING ADDRESS:	Suite 203, 2197 Riverside Drive Ottawa, ON, K1H 7X3	BROKER ADDRESS:	3100 Steeles Avenue East, Suite 101 Markham, ON, L3R 8T3

POLICY PERIOD:	From: January 1, 2013 To: January 1, 2014
	12:01 a.m. Standard time at the Mailing Address of the Named Insured as stated herein.

WARNING - THIS POLICY MAY CONTAIN A WARRANTY THAT MAY VOID COVERAGE
This policy contains a clause which may limit the amount payable

The only insurance afforded by this Policy is that which is provided by the forms indicated below. Reference should be made to the applicable forms for details.

Location: Suite 203, 2197 Riverside Drive, Ottawa, ON, K1H 7X3

Description of Operations: Sanctioned and Approved Cycling Activities

Forms and Endorsements Applicable to the Commercial General Liability

Form Number	Coverage and/or Form Name	Deductible (\$)	Limits of Insurance (\$)	Premium
5000102	LIABILITY			
5000102	Commercial General Liability Coverage Form			Deposit
	CGL Each Occurrence Limit		\$5,000,000	\$100,000.00
	Personal and Advertising Injury Limit		\$5,000,000	
	Medical Expense Limit (Any one person)		\$10,000	
	Products - Completed Operations Aggregate Limit		\$5,000,000	
	Tenants Legal Liability (Any one premises)	\$500	\$2,000,000	
	Commercial General Liability Per Occurrence Deductible			
	Property Damage	\$500		
	Bodily Injury	\$500		
	Incidental Medical Malpractice Liability		Included	
	Errors & Omissions Liability	\$500	\$1,000,000	
5250902	Additional Insured - Blanket Basis		Included	
5000103	Employers Liability Coverage Extension		\$5,000,000	
5000200	Non-Owned Automobile - SPF No. 6		\$5,000,000	
5000201	S.E.F. No. 96 - Contractual Liability Endorsement		Included	
5000202	S.E.F. No. 99 - Excluding Long Term Leased Vehicles Endorsement		Included	
5000203	S.E.F. No. 94 - Legal Liability for Damage to Hired Automobiles All Perils	\$1,000	\$50,000	
5002598	O.E.F. 98B - Reduction of Coverage for Lessees Endorsements		Included	

Endorsements to Policy
Refer to schedule on following page \$0.00

Location 1 Premium \$100,000.00
Deposit



Aviva Insurance Company of Canada

Policy Declarations

SPORT ACCIDENT INSURANCE POLICY	POLICY NUMBER: ACCI00692-001 STATUS: NEW
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NAMED INSURED:	Canadian Cycling Association operating as Cycling Canada Cyclisme a/o the Provincial Associations, Centre Nationale de Cyclisme de Bromont, Affiliated Events, Clubs, Committees and Teams et al, (Excluding Cycling British Columbia and Federation Quebecois	BROKER:	Holman Insurance Brokers Ltd
MAILING ADDRESS:	des sports cyclistes) Suite 203, 2197 Riverside Drive Ottawa, ON, K1H 7X3	BROKER ADDRESS:	3100 Steeles Avenue East, Suite 101 Markham, ON, L3R 8T3

POLICY PERIOD:	From: January 1, 2013 To: January 1, 2014
	12:01 a.m. Standard time at the Mailing Address of the Named Insured as stated herein.

WARNING - THIS POLICY MAY CONTAIN A CLAUSE WHICH LIMITS THE AMOUNT PAYABLE
This policy contains a clause which may limit the amount payable

The only insurance afforded by this Policy is that which is provided by the forms indicated below.
Reference should be made to the applicable forms for details.

Description of Operations: Sanctioned and approved cycling activities.

Forms and Endorsements Applicable to the Sport Accident			
Form Number	Coverage and/or Form Name	Limits of Insurance (\$)	Premium
SPORT ACCIDENT			
5100100	Sport Accident Coverage Form		Deposit
	Principal Amount:	\$50,000	\$15,000.00
	Fracture Indemnity Amount:	\$1,000	
See Section I and Section II for Amounts Payable			
	Dental Accident Reimbursement	\$10,000	
	Dentures, Removable Teeth, Hearing Aids, Eyeglass and Contact Lenses	\$200	
	Emergency Transportation - any one Insured Person	\$50	
	Family Transportation - any one Insured Person	\$2,500	
	Medical Expense Reimbursement - any one Insured Person	\$15,000	
	Prosthetic Appliances - any one Insured Person	\$3,000	
	Rehabilitation - any one Insured Person	\$3,000	
	Repatriation - any one Insured Person	\$5,000	
	Tuition Benefit - any one Insured Person	\$2,000	
	Aggregate Limit Payable for any one Accident	\$1,000,000	
	Weekly Income - Waiting Period - 30 days	\$100	
Exclusions			

Date Issued
December 28,
2012

Policy Number
ACCI00692-001

Claims Assist
1-866-661-7507