

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.**

INSURED'S FULL NAME AND MAILING ADDRESS <input type="checkbox"/> Supplementary Schedule	BROKER'S FULL NAME AND MAILING ADDRESS
LANARK COUNTY COMMUNITY JUSTICE PROGRAM INC. 8 HERRIOTT ST SUITE 10E PERTH, ON K7H 1S9	Arthur J. Gallagher Canada Limited - Ontario Region 81 Gore Street East Perth, ON K7H 1J1

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 requirement, term or condition 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	EXPIRY DATE	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMUNITY SERVICES GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE or <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYERS LIABILITY <input checked="" type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTO <input checked="" type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> PROFESSIONAL / MALPRACTICE LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> BLANKET CONTRACTUAL <input type="checkbox"/> ENVIRONMENTAL LIABILITY <input type="checkbox"/> CLAIMS MADE	Subscribing Companies as Identified in CP91164A	May 7, 2019	May 7, 2020	BODILY INJURY & PROPERTY DAMAGE EACH OCCURRENCE	\$2,000,000
				GENERAL AGGREGATE	
				PRODUCTS-COMPLETED/OPERATIONS AGG	
				PERSONAL INJURY	INCLUDED
				MEDICAL PAYMENTS (Any One Person)	\$10,000
	CP91164C	May 7, 2019	May 7, 2020	TENANTS LEGAL LIABILITY	INCLUDED
				NON-OWNED AUTO	\$2,000,000
				PROFESSIONAL / MALPRACTICE LIABILITY	
				OCCURRENCE	AGGREGATE
				LIMIT	AGGREGATE
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	
				BODILY INJURY (Per Person)	
				BODILY INJURY (Per Accident)	
				PROPERTY DAMAGE	
OTHER <input type="checkbox"/> CLAIMS MADE or <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				LIMIT	AGGREGATE
				LIMIT	DEDUCTIBLE
				OCCURRENCE	AGGREGATE
PROPERTY <input type="checkbox"/> PROPERTY "ALL RISKS" <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplementary Schedule				Valuation	
				Deductibles ALL OTHER	
				EARTHQUAKE	FLOOD
ADDITIONAL INSURED NAME AND MAILING ADDRESS <input type="checkbox"/> Supplementary Schedule HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO AS REPRESENTED BY THE MINISTRY OF THE ATTORNEY GENERAL 700 BAY STREET, 12TH FLOOR TORONTO, ON M5G 1Z6 Fax _____ Interest to Insured "As their Interest may Appear"	DESCRIPTION OF OPERATIONS / LOCATIONS / AUTOMOBILES / SPECIAL ITEMS WITH RESPECT TO THE FUNDING AGREEMENT WITH THE NAMED INSURED CONCERNING YOUTH JUSTICE COMMITTEE PROGRAM				
CERTIFICATE HOLDER - NAME AND MAILING ADDRESS HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO AS REPRESENTED BY THE MINISTRY OF THE ATTORNEY GENERAL 700 BAY STREET, 12TH FLOOR TORONTO, ON M5G 1Z6	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail <u>90</u> days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.				
SUBSCRIBING COMPANIES ON BEHALF OF FRANK COWAN COMPANY LIMITED, AS MANAGING GENERAL AGENT INCLUDING BUT NOT LIMITED TO: A.M. BEST RATING					
The Guarantee Company of North America "A" Temple Insurance Company "A+" Underwriters at Lloyds of London "A"					
				2	 May 15, 2019

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LANARK COUNTY COMMUNITY JUSTICE PROGRAM INC. 8 HERRIOTT ST SUITE 10E PERTH, ON K7H 1S9	Arthur J. Gallagher Canada Limited - Ontario Region 81 Gore Street East Perth, ON K7H 1J1

COVERAGES

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LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
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				GENERAL AGGREGATE	
				PRODUCTS-COMPLETED/OPERATIONS AGG	
				PERSONAL INJURY	INCLUDED
				MEDICAL PAYMENTS (Any One Person)	\$10,000
				TENANTS LEGAL LIABILITY	INCLUDED
				NON-OWNED AUTO	\$2,000,000
				PROFESSIONAL / MALPRACTICE LIABILITY	
				OCCURRENCE	AGGREGATE
				LIMIT	AGGREGATE
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	
	BODILY INJURY (Per Person)				
	BODILY INJURY (Per Accident)				
	PROPERTY DAMAGE				
OTHER <input type="checkbox"/> CLAIMS MADE or <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				LIMIT	AGGREGATE
	LIMIT	DEDUCTIBLE			
	OCCURRENCE	AGGREGATE			
PROPERTY <input type="checkbox"/> PROPERTY "ALL RISKS" <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplementary Schedule				Valuation	
					Deductibles ALL OTHER
				EARTHQUAKE	FLOOD
ADDITIONAL INSURED NAME AND MAILING ADDRESS <input type="checkbox"/> Supplementary Schedule CORPORATION OF THE TOWN OF MISSISSIPPI MILLS 3131 OLD PERTH ROAD, PO BOX 400 ALMONTE, ON K0A 1A0 Fax Interest to Insured "As their Interest may Appear"		DESCRIPTION OF OPERATIONS / LOCATIONS / AUTOMOBILES / SPECIAL ITEMS WITH RESPECT TO USE OF FACILITIES FOR MEETINGS			
CERTIFICATE HOLDER - NAME AND MAILING ADDRESS CORPORATION OF THE TOWN OF MISSISSIPPI MILLS 3131 OLD PERTH ROAD, PO BOX 400 ALMONTE, ON K0A 1A0			CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 90 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.		
SUBSCRIBING COMPANIES ON BEHALF OF FRANK COWAN COMPANY LIMITED, AS MANAGING GENERAL AGENT INCLUDING BUT NOT LIMITED TO: A.M. BEST RATING					
The Guarantee Company of North America "A"					
Temple Insurance Company "A+"					
Underwriters at Lloyds of London "A"			3 May 15, 2019		

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TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
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				PRODUCTS-COMPLETED/OPERATIONS AGG	
				PERSONAL INJURY	INCLUDED
				MEDICAL PAYMENTS (Any One Person)	\$10,000
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				PROFESSIONAL / MALPRACTICE LIABILITY	
				OCCURRENCE	AGGREGATE
				LIMIT	AGGREGATE
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	
	BODILY INJURY (Per Person)				
	BODILY INJURY (Per Accident)				
	PROPERTY DAMAGE				
OTHER <input type="checkbox"/> CLAIMS MADE or <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				LIMIT	AGGREGATE
	LIMIT	DEDUCTIBLE			
	OCCURRENCE	AGGREGATE			
PROPERTY <input type="checkbox"/> PROPERTY "ALL RISKS" <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplementary Schedule				Valuation	
					Deductibles ALL OTHER
				EARTHQUAKE	FLOOD
ADDITIONAL INSURED NAME AND MAILING ADDRESS <input type="checkbox"/> Supplementary Schedule THE COUNTY OF LANARK 99 CHRISTIE LAKE ROAD PERTH, ON K7H 3C6 Fax Interest to Insured "As their Interest may Appear"		DESCRIPTION OF OPERATIONS / LOCATIONS / AUTOMOBILES / SPECIAL ITEMS WITH RESPECT TO THE LANARK COUNTY COMMUNITY JUSTICE PROGRAM			
CERTIFICATE HOLDER - NAME AND MAILING ADDRESS THE COUNTY OF LANARK 99 CHRISTIE LAKE ROAD PERTH, ON K7H 3C6			CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 90 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.		
SUBSCRIBING COMPANIES ON BEHALF OF FRANK COWAN COMPANY LIMITED, AS MANAGING GENERAL AGENT INCLUDING BUT NOT LIMITED TO: A.M. BEST RATING					
The Guarantee Company of North America "A"					
Temple Insurance Company "A+"					
Underwriters at Lloyds of London "A"			4 May 15, 2019		

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				PRODUCTS-COMPLETED/OPERATIONS AGG	
				PERSONAL INJURY	INCLUDED
				MEDICAL PAYMENTS (Any One Person)	\$10,000
	CP91164C	May 7, 2019	May 7, 2020	TENANTS LEGAL LIABILITY	INCLUDED
				NON-OWNED AUTO	\$2,000,000
				PROFESSIONAL / MALPRACTICE LIABILITY	
				OCCURRENCE	AGGREGATE
				LIMIT	AGGREGATE
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED	
				BODILY INJURY (Per Person)	
				BODILY INJURY (Per Accident)	
				PROPERTY DAMAGE	
OTHER <input type="checkbox"/> CLAIMS MADE or <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				LIMIT	AGGREGATE
				LIMIT	DEDUCTIBLE
				OCCURRENCE	AGGREGATE
				Valuation	
PROPERTY <input type="checkbox"/> PROPERTY "ALL RISKS" <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplementary Schedule				Deductibles ALL OTHER	
				EARTHQUAKE	FLOOD

ADDITIONAL INSURED NAME AND MAILING ADDRESS <input type="checkbox"/> Supplementary Schedule	DESCRIPTION OF OPERATIONS / LOCATIONS / AUTOMOBILES / SPECIAL ITEMS
HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO AS REPRESENTED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION Fax Interest to Insured "With respect to Liability Only"	WITH RESPECT TO THE ONTARIO TRANSFER PAYMENT AGREEMENT WITH THE NAMED INSURED.

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	CANCELLATION
HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO AS REPRESENTED BY THE MINISTER OF CITIZENSHIP AND IMMIGRATION	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail <u>90</u> days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.
SUBSCRIBING COMPANIES ON BEHALF OF FRANK COWAN COMPANY LIMITED, AS MANAGING GENERAL AGENT INCLUDING BUT NOT LIMITED TO: A.M. BEST RATING	
The Guarantee Company of North America "A"	5
Temple Insurance Company "A+"	May 15, 2019
Underwriters at Lloyds of London "A"	