THE CORPORATION OF THE CITY OF ST. THOMAS A G E N D A THE EIGHTH MEETING OF THE SPECIAL EVENTS COMMITTEE

BY EMAIL

JUNE 15 and 16, 2017

PETITIONS AND COMMUNICATIONS

Habitat for Humanity - July 10, 2017

Destination Church - July to October, 2017

UNFINISHED BUSINESS

NEW BUSINESS

<u>ADJOURNMENT</u>

SECTION 1: EVENT AND ORGANIZER INFORMATION
Event Name: Habitat For Humanity BBQ
Date(s): July 10, 2017
Start Time: 2:30 pm End Time: H:00 pm
Location(s): Horton Farmers Market
Organizing Group: Har Ditat Volunteer Steering Committee
Contact Name #1: Taure While #2: Kerry Blackwell
Street Address: 5-280 Edward 5+
Town/City: 54. Thences Province: 11 M Postal Code: 815P 4C2
Phone Number #1: 519-631-8655 #2: 519-455-6623
Email Address: Carlandjanice 19@ yakon. (a. Kblackwell &
Expected Attendance: 75 Number of Event Personnel/Volunteers: 10 -Co
Location and number of washrooms in place: N/A
Location and Number of Parking Spaces: City Lit at Farmer's
Number of Accessible Washrooms; Number of Accessible Parking Spots:
Please describe your specific event. Attach additional sheets as necessary.
tunataising 550 to follow the
Dicaking Ceremony at 40 Alma St.
Facility Courses, and or or private St.
SECTION 2: FOOD AND BEVERAGE

<u>S</u>

Will food of any kind be available at this event?

Yes N

If Yes, you must notify Elgin St. Thomas Public Health at www.elginhealth.on.ca No 🗆

SECTION 3: TENTS

Will there be an indoor or tent covered area used for public assembly as	part of the ev	ent? No 逐
If Yes, please specify the number and size of tents.	Tes Li	
If the tents are larger than 60m^2 cumulatively, a building permit is require Services. Please attach a copy of the Permit and provide the Permit Num		
Please note that Indoor or Tent covered areas for public assembly must c Act requirements enforced by Elgin St Thomas Public Health. Please cor Officer for information on how to meet these requirements.	omply with S tact the Toba	moke Free Ontario acco Enforcement
SECTION 4: SERVING OF ALCOHOL		
Will alcohol be consumed at the event? If Yes, you must review and meet the requirements of the City's Alcohol Parks, Rec and Property Management Department for Special Events tak	Yes D Policy availating place on	No 🕍 able through the municipal property.
You must also comply with the Alcohol and Gaming Commission of On- are responsible to notify and provide any pertinent information required to obtaining a Special Occasion Permit. You must adhere to the Liquor Lice ensure access is given to the Police and AGCO Inspectors for the purpose a copy of the liquor permit with this application. If utilizing the services a endorsements to provide off – premises beverage services, organizers shall licensee confirming date/time/location/services as well as a copy of the	under the AG ence Act and es of inspecti of a caterer w all supply a le	CO guidelines for its Regulations and ons. Please submit with all the required etter from the
The area where alcohol is being served has to have a 36" (0.9m) high bar there is a no staking policy in all of the City's Parks, Recreation and Pro	πier/partition perty Manag	. Please note that ement facilities.
SECTION 5: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcoho Ontario (AGCO), you must obtain a letter of approval from City Council "municipally significant", by submitting the request to the City Clerk's E approval may take several weeks.	, declaring yo	our event
Will you be requesting that City Council declare your event a "Municipa	lly Significan Yes U	it Event"? No ≱
SECTION 6: MUSIC / NOISE		,
Will there be a concert or musical entertainment as part of the event?	Yes U	No 🔱
If Yes, please note that the use of sound reproduction devices is authorize a.m. and 11:00 p.m. so long as the Police are satisfied that said devices as	ed between the	ne hours of 8:00 d in a reasonable

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

SECTION 7: ANIMALS

Will there be a Petting Zoo or Animals at the event? If Yes, the Elgin-St. Thomas Public Health must be notified of th animals are not permitted in the Animal Control By-Law 71-2011 Exemption to the By-Law must be approved by City Council. Ple this permit application. Please note that such approval may take s SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHAN	e event detai I, an Applica ease attach a deveral weeks	ls two week tion for Ten copy of the	porary
	<u>Ges</u>		
Are you anticipating any road closures or traffic flow changes?	Ye	s 🛮	No 🚶
If Yes, please describe the road closure requirement and attach a Right of Way Occupancy Permit and City Council approval is recthat approval may take several weeks.	map or sketc juired for all	h showing the road closure	he closure. A es. Please note
Please attach a copy of the Right of Way Occupancy Permit and p	provide the p	ermit #:	
If the event is a Parade / Run / Walk / Pass through Sporting Even located under the Special Events page on the City website. Descri	it, please refe be the event	er to the city and attach a	roads map map or sketch.
Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 631	Yes -1224 ext. 14	3 D :	No ty
PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.	not allowed	to direct tra	ffic. Only the
Have you contacted the Public Works Department for:			
Barricades	Yes II	No II	N/A X
No Parking Signs Detour Signing	Yes II	No []	N/A 🕅 N/A 🦅
SECTION 9: MUNICIPAL FACILITIES			
For events taking place in Pinafore Park, organizers will need to a Rec and Property Management staff once the Special Events Perm	rrange an on: nit Applicatio	site meeting	with Parks,
Have you contacted Parks and Recreation staff about your event?	Yes 🛘	No LI	N/A 📈
Have you rented a pavilion/facility and signed a permit? If yes, please provide the location of the rental and attach a copy of	Yes U	No U	N/A U

Do you require picnic tables or garbage and Property Management Dept and that	cans? Please note avail delivery/pick up is the	ability is at the d responsibility of	iscretion of the the event orga	Parks, Rec mizer.
	• • • • • • • • • • • • • • • • • • • •	Yes □	No 🗅	N/A 🗹
If Yes, how many are you requesting?	# of Picnic Tables:	# of	Garbage Cans	:
Have you made arrangements with Envi	ronmental Services sta			collection?
		Yes 🛚	No 🗆	N/A Œ
Will you require municipal support for:	Water			
	Hydro	Yes 🛛	No □	N/A Ø
Please note that all equipment and exaccredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:	Ontario Electrical Sa please attach the Elec	fety Code or h	ave been inspe	ected by the
If required, have you obtained a Hydrani If Yes, please attach a copy of the Permi	t Connection Permit? It and provide the Perm	Yes □ nit Number:	No 🗆	N/A 19/
SECTION 10: ACCESSIBILITTY				
As an event organizer, it is your response Accessibility for Ontarians with Disability requirements to meet for accessibility, displayed throughout the event venue to washrooms and parking. Although not resite plan to the Municipal Accessibility and the site plan to the si	ities Act (AODA). Org Please note that dire indicate the barrier-fr equired, the Special Ev	anizations with ectional signage ee path of trave ents Committee	at least one en needs to be and location recommends	ployee have prominently of accessible submitting a
SECTION 11: OTHER SERVICES/R	ESOURCES			
Security: Has a privately licenced securi If Yes, what company and how many se	ty firm been contacted curity officers will be p	retained? present?	Yes □	No N
First Aid: For events with an anticipat required to be retained. Have you confin If Yes, please attach documentation prov	med First Aid services	? Yes D	No D	N/A (S/
Ambulance: Has Emergency Medical So and planned emergency access to the site		rvice) been con	acted regardin Yes 🛘	g your event No 以
Fireworks: Will there be fireworks as pa If Yes, a permit for exhibition fireworks		: Fire Departme	Yes 🗇	No Ø

SECTION 12: SIGNATURE

That the information contained in this application and any documentation, including reports, and drawings, provided in support of the application, by myself, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, I hereby consent to the City of St. Thomas making this application and its supporting

documentation available to the general public, in supporting documentation to any third parties upon		and disclosing the application and its
K Blackwill	•	1/0/12/17
(Signature of Individual Completing this Applicati	on)	(Date completed)
Office Use Only: Application Received:	Commit	tee Approval:
SECTION 13: INSURANCE		
A Certificate of Insurance is required providing pr naming of the City of St. Thomas as an Additiona the required insurance MUST be submitted a mini- Special Events Committee reserves the right to in coverage for large community events.	al Insured under the imum of two wee	he corresponding policies. A copy of ks prior to the start of the event. The
The provision of the completed and signed Stateme	ent of Indemnifica	ation below is also required.
Please note that an approved event may be cancell be altered or cancelled as a result of an emergency		ce coverage not be provided and may
STATEMENT OF INDEMNIFICATION (Event Name) Organ	ized by	Trancas Valuateer Leering Conunitée (Organizing Group)
shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, da	n of the City of St	. Thomas and all persons for whom it
any damage to property including loss of use there death resulting at any time there from, occasioned by the first state of the second organical second organic	by any act or omis	ssions of
its officers, agents, servants, employees, contractor on the premises or any part thereof arising from or such damage or injury is due to the act, default or r Thomas, its officers, agents, servants, employees, or	occasioned by an negligence of The	y cause whatsoever, except where Corporation of the City of St.
Witness: Blih Wehn	Signed:	K Blackwell
Name (Print): Blake Weber	Name (Print):	Kerry Blackwell
	Address:	5-40 Pacific Cit.
	Telephone:	519-455-6623
	Date:	06/13/17
	Event Name:	Habitet BBQ
	Organizing Grou	up: St. Thomas Build
	Event Dates	Tulula a mount

Page 6 of 6

CSID	CER	TIFICAT	E O	FL	IABILI1	TY INSURANCE	·	
This certificate is issued as a m This	atter of informati certificate does	on only and co not amend, exi	nfers no	e rigi alter	hts upon the the coverage	certificate holder and impose afforded by the policies bet	es no Habill	ly on the insure
1. CERTIFICATE HOLDER - NAME A						JLL NAME AND MAILING ADDRE		
City of SI Thomas				Ha	bitat for Humani	ty Heartland Ontario		
P Q Box 520				Un	# 2			
545 Talbot Street				40	Pacific Court			
Stratford O	N	POSTAL CODE	N5P 3V7	Lor	ndon.	Ontario	PO	STAL N5V 3K4
3. DESCRIPTION OF OPERATIONS/LI	DCATIONS/AUTOMO		ITEMS TO) WHII	CH THIS CERT			
Additional insured is only added with res								
4. COVERAGES		···		_				
This is to certify that the poscies of insur or conditions of any contract or other do subject to all terms, exclusions and con-	cument with respect	to which this certi	ficale may	y be is	isued or may pe	he policy period indicated notwithst intain. The insurance afforded by the VE BEEN REDUCED BY PAID	e policies des	quirements terms cribed herein is
	INSURANCE	COUDANY	EFFEC		EXPIRY	LIMITS OF L		tt
TYPE OF INSURANCE	AND POLICY		VVVV		DATE YYYY/MM/DD	(Canadian dollars unless	DED.	AMOUNT OF
COMMERCIAL GENERAL LIABILITY	Intact Insurance Co		2017/0		2018/03/31	CONVERCIAL GENERAL LIABILITY	\$1,000	INSURANCE
COMMERCIAL GERERAL LIABILITY	5Y4948655	прапу -			20.000	BODLY PLURY AND PROPERTY DAMAGE LIMBUTY GENERAL AGGREGATE	31,000	\$5,000.000
CLANS HADE OR OCCURRENCE					i	- EACH OCCURRENCE		\$5,000,000
PRODUCTS AND FOR COMPLETED OPERATIONS EMPLOYER'S LIABILITY						PRODUCTS AND COMPLETED OPERATIONS		\$5,000,000
Cross Liability						AGGREGATE PERSONAL INJURY LIABILITY		
						OR PERSONAL AND ADVERTISING MUSTY LUBLITY		\$5,000,000
						MEDICAL PAYMENTS		\$25,000
TEMMISLEGAL LUBBLITY			1		<u> </u>	TENANTS LEGAL LIABILITY	\$500	\$1,000,000
POLLUTION LIMBULTY EXTENSION						POLLUTION LIABILITY EXTENSION	Ш	
MINDAGMNED AUTOAGGRES H RED AUTOAGGRES	Intact Insurance Cor 5Y4946655	npāny -	2017/0	3/31	2018/03/31	NON OWNED AUTOMOBLE		\$5,000,000
AUTOMOBILE LIABILITY			1			SODILY PLIURY AND PROPERTY		
DESCRIBED AUTOWOBLES			ŀ			DAMAGE CONSHED		
ALL DWNED AUTOMOBILES LEASED AUTOMOBILES**					l	8004Y INJURY (PER PERSON)		
"ALL AUTOMOBRES LEASED IN EXCESS OF			l			800LYINURY (PERACCIDE)(T)		
30 BATS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE						PROPERTY DAMAGE		
EXCESS LIABILITY			l		1 .	EACH OCCURRENCE		
UMBRELLA FORM			l		l í	AGGREGATE		VIII
						711 2		
OTHER LIABILITY (SPECIFY)								
ם								
0								
5 CANCELLATION					\			
Should any of the above described policie but failure to meil such notice shall impose	s be cancelled before a no obligation or liab	the expiration da lity of any kind up	le themol	, the is	ssuing company y, its agents or re	will endeavour to mail 30 days writepresentatives.	ten notice to t	no certificate holder,
G. BROKERAGE/AGENCY FULL NAMI	E AND MAILING ADI	RESS				SURED NAME AND MAILING ADD		
On Insurance & Investment - Stratford				City	of St Thomas			
50 Cobourg Street				PO	Box 520	_		
				545	Talbot Street	5 111		
Stratford ON		POSTAL NEA	365					
PROKER CLIENT ID: HABIFOR-09				Strat	ford	ON		POSTAL NSP 3V7
CERTIFICATE AUTHORIZATION								
ISSUER On Insurance & Investment - S				TYP		O (519) 271-4340 TYPE F		(519) 271-7626
AUTHORIZED REPRESENTATIVE Junica C			i	TYP	E Cell N	O TYPE	NO.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	forme limber			DAT	E June 13, 201	7 EMAIL ADDRESS joastelle	gorrinsurance.	net

SECTION 1: EVENT	AND ORGANIZER INFORMATION
Event Name:	Destination church ball hockey club
Date(s):	1 monthly
Start Time:	Many Marchaethas Marketend Time: October
Location(s):	moore st. municipal parking lot, behind Destination church
0	Destination church
Contact Name #1:	James marks #2: Beth fellinger
Street Address:	7 Erie st- 668 talbotst.
Town/City:	St Thomas Province: Ontario Postal Code: NSR 2 mg
Phone Number #1:	226-234-3504 #2: 5/9-267-2676
Email Address:	james jimi mmy 7/a) gmail. com
Expected Attendance:	Number of Event Personnel/Volunteers: 4h thown at this time
Location and number	of washrooms in place: none will use church washeouns
the state of the s	r of Parking Spaces: moore st. municipal parking
Lot oc	ser 10 spaces
Number of Accessible	e Washrooms: none Number of Accessible Parking Spots: 10 +0 12
	specific event. Attach additional sheets as necessary
Onc	e a month, possibly ending in Octobers
Agroup	of people from destination church will play
ball has	key or outdoor hockey on the moore street parking
lot. Hack	ey sticks, bolk, nets, eguipment for protection and
<u>certain</u> s	afety procession. All amenties will be serviced in the
SECTION 2: FOOI	AND BEVERAGE Church Building
Will food of any kind If Yes, you must not	d be available at this event? Yes No ify Elgin St. Thomas Public Health at www.elginhealth.on.ca

SECTION 3: TENTS

Will there be an indoor or tent covered area used for public assembly as p	art of the event	? No 🗹
If Yes, please specify the number and size of tents.		110 12
If the tents are larger than 60m^2 cumulatively, a building permit is require Services. Please attach a copy of the Permit and provide the Permit Number		
Please note that Indoor or Tent covered areas for public assembly must confide Act requirements enforced by Elgin St Thomas Public Health. Please confider for information on how to meet these requirements.		
SECTION 4: SERVING OF ALCOHOL		
Will alcohol be consumed at the event? If Yes, you must review and meet the requirements of the City's Alcohol Parks, Rec and Property Management Department for Special Events taking	Yes □ Policy available ng place on mu	through the
You must also comply with the Alcohol and Gaming Commission of Onta are responsible to notify and provide any pertinent information required u obtaining a Special Occasion Permit. You must adhere to the Liquor Lice ensure access is given to the Police and AGCO Inspectors for the purpose a copy of the liquor permit with this application. If utilizing the services of endorsements to provide off – premises beverage services, organizers shallicensee confirming date/time/location/services as well as a copy of the establishment.	nder the AGCC nce Act and its is of inspections of a caterer with Il supply a lette	guidelines for Regulations and Please submit all the required r from the
The area where alcohol is being served has to have a 36" (0.9m) high barn there is a no staking policy in all of the City's Parks, Recreation and Prop		
SECTION 5: MUNICIPALLY SIGNIFICANT EVENT		
If you wish to apply for a "Special Occasion Permit," through the Alcoho Ontario (AGCO), you must obtain a letter of approval from City Council, "municipally significant", by submitting the request to the City Clerk's D approval may take several weeks.	declaring your	event
Will you be requesting that City Council declare your event a "Municipal	ly Significant E Yes	vent"?
SECTION 6: MUSIC / NOISE		
Will there be a concert or musical entertainment as part of the event?	Yes □	No 🗹
If Yes, please note that the use of sound reproduction devices is authorize	d between the h	ours of 8:00

If Yes, please note that the use of sound reproduction devices is authorized between the hours of 8:00 a.m. and 11:00 p.m. so long as the Police are satisfied that said devices are being "used in a reasonable manner" and not intolerably high. It is the responsibility of the organizers to obtain any applicable musical licencing through SOCAN for events not taking place in a City facility.

Please note that if utilizing a temporary stage structure, regulations are found under the Occupational Health and Safety Act and enforced by the Ministry of Labour. A resource document for event organizers can be found on the Special Event Permits page on the City of St. Thomas website.

SECTION 7: ANIMALS

Will there be a Petting Zoo or Animals at the event? Yes No V If Yes, the Elgin-St. Thomas Public Health must be notified of the event details two weeks prior. If the animals are not permitted in the Animal Control By-Law 71-2011, an Application for Temporary Exemption to the By-Law must be approved by City Council. Please attach a copy of the application to this permit application. Please note that such approval may take several weeks. SECTION 8: ROAD CLOSURES / TRAFFIC FLOW CHANGES			
Are you anticipating any road closures or traffic flow changes?	Yes		lo 🗹
If Yes, please describe the road closure requirement and attach a right of Way Occupancy Permit and City Council approval is recthat approval may take several weeks.	quired for all a	road closures	
Please attach a copy of the Right of Way Occupancy Permit and partial of the event is a Parade / Run / Walk / Pass through Sporting Even located under the Special Events page on the City website. Description	nt, please refe	r to the city	roads map
Do you require traffic control? If Yes, please contact the St. Thomas Police Services at (519) 633	Yes 1-1224 ext. 14		No ts/
PLEASE NOTE: Marshalls, volunteers and special event staff are police can direct traffic pursuant to the Highway Traffic Act.			fic. Only the
Have you contacted the Public Works Department for: Barricades No Parking Signs Detour Signing	Yes D Yes D	No 12 No 12 No 12	N/A
SECTION 9: MUNICIPAL FACILITIES			
For events taking place in Pinafore Park, organizers will need to a Rec and Property Management staff once the Special Events Perr Have you contacted Parks and Recreation staff about your event?	nit Applicatio	_	
Have you rented a pavilion/facility and signed a permit? If yes, please provide the location of the rental and attach a copy	Yes 🗆 of the permit.	No 🗹	N/A □

Do you require picnic tables or garbage of and Property Management Dept and that d		-		
		Yes □	No M	N/A □
If Yes, how many are you requesting?	# of Picnic Tables:	# of G	arbage Cans: _	
Have you made arrangements with Envir	conmental Services staff for	or recycling co	ntainers and co	llection?
		Yes □	No ☑	N/A □
Will you require municipal support for:	Water Hydro	Yes □	No ⊠	N/A □
	Hydro	Yes □	No 🖭	N/A □
Please note that all equipment and extaccredited certification body under the Electrical Safety Authority. If required, provide the Permit Number:	Ontario Electrical Safety please attach the Electric	Code or hav al Safety Auth	e been inspect ority documen	ed by the tation and
If required, have you obtained a Hydrant If Yes, please attach a copy of the Permit	Connection Permit? t and provide the Permit N	Yes Number:	No E	N/A 🗆 —
SECTION 10: ACCESSIBILITTY				
As an event organizer, it is your respons Accessibility for Ontarians with Disability requirements to meet for accessibility. displayed throughout the event venue to washrooms and parking. Although not resite plan to the Municipal Accessibility Accessibi	ties Act (AODA). Organic Please note that direction indicate the barrier-free parties, the Special Event	zations with at onal signage roath of travel as s Committee r	least one emplaceds to be prond location of ecommends sufficients.	oyee have ominently accessible
SECTION 11: OTHER SERVICES/R	ESOURCES			
Security: Has a privately licenced securit If Yes, what company and how many sec	y firm been contacted/retacurity officers will be pres	ained? ent?	Yes □	No 🗹
First Aid: For events with an anticipate required to be retained. Have you confirm If Yes, please attach documentation prov	ned First Aid services?	Yes □	No 🗹	rvices are N/A
Ambulance: Has Emergency Medical Se and planned emergency access to the site		e) been contac	ted regarding y Yes	our event No 🗹
Fireworks: Will there be fireworks as par If Yes, a permit for exhibition fireworks	-	re Department.	Yes □	No 🗹

SECTION 12: SIGNATURE

That the information contained in this application and any documentation, including reports, and drawings, provided in support of the application, by myself, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, I hereby consent to the City of St. Thomas making this application and its supporting

supporting documentation to any third parties upon		June 15
James mortes		April 25 2017
(Signature of Individual Completing this Application	on)	(Date completed)
Office Use Only: Application Received:	Committee A	pproval:
SECTION 13: INSURANCE		
A Certificate of Insurance is required providing pronaming of the City of St. Thomas as an Additional the required insurance MUST be submitted a minimum Special Events Committee reserves the right to incoverage for large community events.	al Insured under the co imum of two weeks p	orresponding policies. A copy of rior to the start of the event. The
The provision of the completed and signed Stateme		
Please note that an approved event may be cancelled be altered or cancelled as a result of an emergency	ed should insurance co	overage not be provided and may
be altered of earlestied as a result of all entressess		
STATEMENT OF INDEMNIFICATION		
Pall Hockey Club organ (Event Name)	nized by Dostin	ation Church
shall indemnify and save harmless The Corporation is at law responsible from any and all liabilities, da	n of the City of St. Th	omas and all persons for whom it
any damage to property including loss of use there death resulting at any time there from, occasioned	by any act or omission	ns of
Ball Hokey (106 organi	ized by Destin	Organizing Group)
its officers, agents, servants, employees, contractor on the premises or any part thereof arising from or such damage or injury is due to the act, default or Thomas, its officers, agents, servants, employees,	rs, customers, invitees occasioned by any ca negligence of The Cor	or licensees, or occurring in or use whatsoever, except where poration of the City of St.
Witness:	Signed:	Gumer marker
Name (Print): Breanna Pawlak	Name (Print):	James manks
	Address:	7 ERie st. St Thomas
	Telephone:	226-234-3504
	Date:	June 15 2017
	Event Name:	Ball hockey club
	Organizing Group:	Destringtion chunci
	Event Dates:	sunday afternoun

Page 6 of 6





Policy Number: CPP983486

Effective Date of Schedule:

June 24, 2017

Named Insured: Destination Christian Reformed Church Inc.

Forms and Endorsements Applicable to General Liability and Directors and Officers Liability (if applicable)

CPP-L001	General Liability Form
CPP-L002A	Non-Profit Directors and Officers (D&O) Liability Insurance: Claims Made and Reported
CPP-L003	Blanket Counselling Services Endorsement
CPP-L004	Deductible Endorsement
CPP-L006	Employee Benefit Liability Coverage
CPP-L008	Voluntary Compensation Coverage Form
CPP-L013	SPF 6 Non-Owned Auto
CPP-L014	SEF 96 Contractual Liability Endorsement
CPP-L015	SEF 99 Exclude Long Term Leased Vehicle Endorsement
CPP-L016	SEF 94 Legal Liability For Damage To Hired Automobiles
CPP-L017	General Liability - Data Exclusion
CPP-L018	Data Exclusion - Directors and Officers (D&O) Liability
CPP-L019	Terrorism Exclusion - General Liability
CPP-L023	Abuse/Molestation and Harassment Exclusion
CPP-L024	Total Asbestos Exclusion - General Liability
CPP-L025	Limited Fungi & Fungal Derivatives Coverage
CPP-L033	Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement
CPP-L051	Manuscript Amendatory Endorsement - General Liability Form
CPP-L055	Bill C-45 Criminal Defense Costs Endorsement - Directors and Officers (D&O) Liability





Policy Number:

CPP983486

Effective Date of Schedule:

June 24, 2017

Named Insured:

Destination Christian Reformed Church Inc.

10. CRIME & FIDELITY, LIMITS AND CONDITIONS OF INSURANCE

Insuring Agreement I - Employee and Volunteer Dishonesty Coverage	\$100,000
Insuring Agreement II - Loss Inside the Premises Coverage	\$50,000
Insuring Agreement III - Loss Outside the Premises Coverage	\$50,000
Insuring Agreement IV - Money Orders and Counterfeit Paper Currency Coverage	\$50,000
Insuring Agreement V - Depositors Forgery Coverage	\$50,000
Insuring Agreement VI - Credit Card Forgery	\$50,000
Insuring Agreement VII - Computer Fraud Coverage	\$50,000
Insuring Agreement VIII - Telephone Fraud Coverage	\$50,000
If added by endorsement: Insuring Agreement Deductible per Occurrence: All Insuring Agreements	Nil

Forms And Endorsements Applicable To Crime And Fidelity:

	And Doctruction Form
CPP-C001	Comprehensive Dishonesty, Disappearance, And Destruction Form
CPP-C002	Crime Standard Conditions





Policy Number:

CPP983486

Effective Date of Schedule:

June 24, 2017

Named Insured:

Destination Christian Reformed Church Inc.

9. Property Coverages, Limits And Conditions Of Insurance

Inflation Guard: 2%

Premises (P) And Building (B) Number	Coverages	Limits of Insurance	Deductible	Replacement Cost	Agreed Value	Co - Insurance
P-1, B-1	Building and Business Personal Property	\$1,439,000	\$1,000	Yes	Yes	

				· · · · · · · · · · · · · · · · · · ·	
	Non-Profit Loss of	\$500,000			
	Revenue Including Rental			[
	income	<u> </u>	<u></u>		

Forms And Endorsements Applicable To Property:

CPP-P001	Church Protection Plus Property Form	
CPP-P002	Non-Profit Loss of Revenue Form	
CPP-P003	Flood Endorsement	
CPP-P004	Earthquake Endorsement	
CPP-P005	Property Conditions	
CPP-P012	Standard Mortgage Clause	
CPP-P024	Property Data Exclusion	
CPP-P028	Fungi and Fungal Derivatives Exclusion	10.1
CPP-P062	Terrorism Exclusion	<u> </u>
CPP-P066	Specific Deductible Endorsement	





Policy Number:

CPP983486

Effective Date of Schedule:

June 24, 2017

Named Insured:

Destination Christian Reformed Church Inc.

General Liability, Limits and Conditions of Insurance	Limit
General Aggregate Limit (Other Than Products – Completed Operations)	\$5,000,000
Products - Completed Operations Aggregate Limit	\$5,000,000
Personal & Advertising Injury Limit	\$5,000,000
Each Occurrence Limit	\$5,000,000
Fire and Other Damage Limit – Any One Claim	\$5,000,000
Medical Expense Limit – Any One Person	\$ 50,000
Standard Non-Owned Automobile Policy	\$5,000,000
Legal Liability For Damage To Hired Automobiles – Any One Accident	\$75,000
Employee Benefit Liability Coverage	\$5,000,000
Directors and Officers (D&O) Liability, Limits and Conditions of Insurance	Limit
Non-Profit Directors and Officers (D&O) Liability Form - Each Claim/Annual Aggregate	\$2,000,000
Retroactive Date (if any):	
Directors and Officers Liability Deductible Each Claim/Each Director & Officers or Spouse	\$ 1,000 Nil
Privacy Breach Coverage (Claims-Made Form and applicable only with D&O Liability) Privacy Breach Liability Aggregate Liability Limit Privacy Breach Expense Limit inclusive within Privacy Breach Liability Limit)	\$250,000 \$25,000
Retroactive Date: June 24, 2017	

Forms and Endorsements Applicable to General Liability and Directors and Officers Liability - ATTACHED