



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

Victoria & District Amateur Basketball Association

(Summary of Coverage)

3450 Carter Drive

Victoria BC

POSTAL
CODE V8P 4T9

2. INSURED'S FULL NAME AND MAILING ADDRESS

Victoria & District Amateur Basketball Association
3450 Carter Drive

Victoria British Columbia

POSTAL
CODE V8P 4T9

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 Basketball Operations.

Locations to which this policy applies:

Reynolds Secondary School 3963 Borden St., Victoria BC V8P 3H9,

Lambrick Park School Secondary 4139 Torquay Drive, Victoria BC V8N 3L1, & All Locations used by the Named Insured.

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 ☐ CLAIMS MADE OR ☒ OCCURRENCE ☒ PRODUCTS AND / OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☒ CROSS LIABILITY ☐ WAIVER OF SUBROGATION ☒ TENANTS LEGAL LIABILITY ☐ POLLUTION LIABILITY EXTENSION ☒ Directors' and Officers' Liability ☐	Certain Underwriters as Arranged by Special Risk Insurance Managers Ltd - SR005461	2025/09/14	2026/09/14	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000	
				- EACH OCCURRENCE		\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				☐ PERSONAL INJURY LIABILITY OR ☒ PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
				MEDICAL PAYMENTS		\$1,000
				TENANTS LEGAL LIABILITY	\$1,000	\$250,000
				POLLUTION LIABILITY EXTENSION		
				Directors' and Officers' Liability	\$1,000	\$2,000,000
☒ NON-OWNED AUTOMOBILES	Certain Underwriters as Arranged by	2025/09/14	2026/09/14	NON-OWNED AUTOMOBILES	\$1,000	\$5,000,000
☐ HIRED AUTOMOBILES				HIRED AUTOMOBILES		
AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ 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		
				EACH OCCURRENCE		
				AGGREGATE		
EXCESS LIABILITY ☐ UMBRELLA FORM ☐						
OTHER LIABILITY (SPECIFY) ☐						
☐						

5. CANCELLATION

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS

Western Financial Group (V11)
Suite 230 - 2950 Douglas Street

Victoria BC

POSTAL
CODE V8T 4N4

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial General Liability- but only with respect to the operations of the Named Insured)

BROKER CLIENT ID: VICDIS001

POSTAL
CODE

8. CERTIFICATE AUTHORIZATION

ISSUER Western Financial Group (V11)

AUTHORIZED REPRESENTATIVE Ryan Arbuckle

CONTACT NUMBER(S)

TYPE Main NO. (250) 386-9012

TYPE NO.

TYPE NO.

TYPE NO.

SIGNATURE OF
AUTHORIZED REPRESENTATIVE

DATE September 11, 2025

EMAIL ADDRESS ryan.arbuckle@westerncoast.ca