



CERTIFICATE OF INSURANCE

Contracts/Leases/Agreements/Permits Number, Location and Description: Pacific Forest Rally	Brokers' Reference No.
	1
	Award or Effective Date 2025/05/30 (yyyy/mm/dd)

INSURED	Name Canadian Association Of Rallysport/West Coast Rally Association
	Business Address PO Box 300 Diamond Valley, AB T0L 2A0
BROKER	Name StoneRidge Specialty Insurance
	Business Address 4-1136 Sandhill Drive Ancaster, ON L9G 4V5

Type of Insurance	Company and Policy Number	Policy Dates Effective	Policy Dates Expiry	Limits of Liability / Amounts
Commercial General Liability (including Non-Owned Automobile Liability)	Lloyds of London thru Markel Canada. Policy #SSIMS00009	2025/04/01	2026/04/01	Bodily Injury and Property Damage \$ 5,000,000 Inclusive \$ 0 Aggregate \$ 1,000 Deductible \$ 0 SIR
Additional Insureds:	His Majesty the King in the right of the Province of British Columbia as represent by the Minister of Transportation and Infrastructure			
Automobile Liability				Bodily Injury and Property Damage \$ Inclusive
Umbrella/Excess Liability				\$ Limits excess of \$ General Liability excess of \$ Automobile
☐ Builders Risk ☐ Installation Floater ☐ Other:				\$ Site \$ Other Location \$ Transit
Equipment Insurance				\$ Limit
Professional Liability Errors and Omissions				\$ Each Claim \$ Aggregate \$ Deductible
☐ Protection & Indemnity ☐ Hull & Machinery ☐ Builders Risk (Vessels) ☐ Ship Repairers' Liability				\$ Limit \$ Limit \$ Limit \$ Limit
Other:				\$ Limit

The undersigned certifies the undersigned has reviewed the policies of insurance described above and Page 2 of this certificate and further certify that those policies have been issued to the insured named above and are in full force and effect and comply with the insurance requirements set out in the agreement / contract / lease / permit identified above, including the requirements set out on Page 2 of this certificate.

 Signature of person authorized to sign on behalf of Insurers certifying Page 1 and Page 2 of this Certificate	Kevin Besta Print or Type Name	2025/05/09 Date (yyyy/mm/dd)
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ADDITIONAL CONDITIONS ARE SHOWN ON PAGE 2 OF THIS CERTIFICATE OF INSURANCE