CERTIFICATE OF INSURANCE						ISSUE DATE 10-APR-24	
AON REED STENHOUSE INC. 2103 11TH AVENUE, SUITE 800 REGINA, SK S4P 3Z8 PHONE: (306) 569-6700, FAY: (306) 359-0387				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
			NE: (306) 569-6700 FAX: (306) 359-0387		IY A AVIVA INSURANCE COMPANY OF CANADA		
INSURED'S FULL NAME AND MAILING ADDRESS				COMPANY B			
Gymnastics Saskatchewan Inc. 1734 Elphinstone Street				COMPANY C			
# 300				COMPANY D			
Regina, SK S4T 1K1				COMPANY E			
			CERTIFICATE				
	TWITHSTANDING ANY REQUI	REMENT, TERM OR CONDITION OF AFFORDED BY THE POLICIES DESC	ANY CONTRACT OF RIBED HEREIN IS S	R OTHER DOCUMEN	NT WITH RESPEC E TERMS, EXCLU	ED ABOVE FOR THE POLICY PERIOD INDICATED, OT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR USIONS AND CONDITIONS OF SUCH POLICIES. LIMITS	
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	(CANADI	LIMITS OF LIABILITY	
A	COMMERCIAL GENERAL	. SLE00583	Apr. 1, 2024	Apr. 1, 2025	\$5,000,00	AN DOLLARS UNLESS INDICATED OTHERWISE) O EACH OCCURRENCE, BODILY INJURY AN	ID
	LIABILITY		•	•		PROPERTY DAMAGE	
						SUBJECT TO AGGREGATE WHERE APPLICABLE	٠
RE: EVIDENCE OF INSURANCE							
	IS AND / OR ADDITIONAL (
	_	Advertising Liability \$5,000	0,000				
		BILITY - ALL RISKS- \$2,000,00	0				
	Non-Owned Autom	OBILE LIABILITY- \$5,000,000					
CERTIFICATE HOLDER					AUTHORIZED REPRESENTATIVE		
TO WHOM IT MAY CONCERN					Ao Per:	n Reed Stenhouse Inc	
						AON REED STENHOUSE INC.	