

**STATEMENT OF INSURANCE COVERAGE** (Effective January 1, 2004)

**Insuring Agent:** AON Reed Stenhouse Inc.  
Suite 1000, 2103 11th Avenue  
Regina, SK S4P 3Z8  
Phone (306) 569-6721 FAX (306) 359-0387

**Insuring Company:** AVIVA Insurance Company of Canada  
**Policy Number:** AVIVA: AS2569  
Allianz: AON1788

**Effective Term:** 1st January, 2004 to 31st December, 2004, inclusive

<b>Coverage</b>	<b>Combined Inclusive Limit</b>
<b>Commercial General Liability</b>	<b>\$5,000,000.00</b>
<b>Directors &amp; Officers Liability</b>	<b>\$2,000,000.00</b> Subject to <b>\$500.00 deductible.</b>
<b>* Tenants Legal Liability</b>	<b>\$250,000.00</b> Property damage subject to <b>\$500.00 deductible.</b>

\* Does not cover normal wear and tear of floor only sudden or accidental damage. "**Sudden and Accidental refers to an action which occurs without prior knowledge of that action occurring**" (dragging of chairs, tables, furniture, etc. over floors is not sudden or accidental.) Cloggers should inform the owners of the facility they are dancing in that they are wearing taps on their shoes, particularly if it is a wooden floor. \*\* [Please read the CSRDS web site on floor care.](#) (Nov. 25, 2002)\*\*

This Statement of Insurance coverage is furnished for information only; further information will be available from the Societies web page <http://www.csrds.ca>. The actual policy is held by the Society Director responsible for Membership. Copies will be available on the web or from your CSRDS representative shortly.

**If you are in need of a "Certificate of Insurance",** please contact:

Greg Grebinski @ Aon Reed Stenhouse Inc. (address and phone above) after January 1st 2004

**In the Event of an Incident,** have the incident reported directly to myself Greg Grebinski (contact information above) and a copy to the Director responsible for Membership (T.M Mallard, 222 Stillwater Dr, Saskatoon SK, S7J 4A4. (306) 374-5250)

**Details required include:**

1. Time of the incident.
2. Location or place of incident.
3. Description of incident with all relevant details.
4. Name(s) and Address(s) of any injured person(s)
5. Names and addresses of all witnesses.

(Make notes of the incident to assists in any resulting inquiry. Try to answer "who", "where", "what", "when", "why", and "how".)

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Updated 12/11/023

**Note: The Policy for 2004 does not cover normal wear and tear of floor only sudden or accidental damage, Property Insurance (Office Equipment for a Club or Organization), or Hired Auto coverage.**