

# 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.**

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
Foothills County		Platinum Racing Inc	
High River	AB	POSTAL CODE T1V 1Z5	Calgary
			AB
			POSTAL CODE T2W 3B1

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

Operations: Organizer of Swim-Bike-Run Triathlon, and Cycling Events

Insurer: Certain Underwriters at Lloyd's, Under Agreement No. MKL2026001; UMRB6027MKL2026001 as arranged by Markle Canada Limited  
 Event: Chinook Gran Fondo Cycle - June 21, 2026

**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
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> WAIVER OF SUBROGATION  <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Markel Canada Ltd. CAS949731-02	2026/04/15		COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$2,000,000
				- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		\$2,000,000
				OR		
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY	\$2,500	
				POLLUTION LIABILITY EXTENSION		
Host Liquor Liability	\$2,500					
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Markel Canada Ltd. CAS949731-02	2026/04/15		NON-OWNED AUTOMOBILES		\$2,000,000
<input checked="" type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES	\$2,500	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> 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		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

**5. CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Drayden Insurance Ltd.		Foothills County	
100, 10927 - 170 Street			
Edmonton	AB	POSTAL CODE	
<b>BROKER CLIENT ID:</b>			
<b>CERTIFICATE NUMBER:</b>	High River	AB	POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>			
ISSUER Susan Fassenko, CIP, CAIB	CONTACT NUMBER(S)		
DAMAGE INSURANCE BROKER	TYPE Phone	NO.	TYPE NO.
AUTHORIZED REPRESENTATIVE	TYPE Fax	NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2026/04/07	EMAIL ADDRESS sfasenko@drayden.com	