

CERTIFICATE OF INSURANCE

INSURANCE COMPANY NAME

Insurance company address, tel, fax, website

CERTIFICATE OF INSURANCE

Certificate Holder	Insured
Canadian Society of Allergy & Clinical Immunology CSACI P.O. Box 51045 Orleans, ON K1E 3W4	Your company name here Your address

**Re: Exhibiting at CSACI Annual Scientific Meeting – October 11 to 15, 2017, Toronto
(Beanfield Centre)**

This certificate is furnished to the Holder as evidence that the insurance policy(ies) described provide coverage as shown, subject to all the terms, conditions, limitations and exclusions of such policy(ies) as now or may later be endorsed. Any amendment or extension of such policy(ies) can only be effected by specific endorsement attached thereto. This certificate is furnished for information purposes only and certifies only that policies of insurance have been issued and are in force at this date. The issuance of this certificate does not modify in any manner the described policy(ies) nor except as otherwise indicated below, make the Certificate Holder an Additional Insured.

Type	Insurer	Policy Number	Expiration	Limit(s) /Amounts of Insurance
Commercial General Liability	Name of Insurance Company	Enter policy number	Enter expiration date	\$5,000,000 each Occurrence Limit \$5,000,000 Aggregate Limit (Products/Completed operations) \$5,000,000 General aggregate Limit
<p>Please ensure that this statement is included on your certificate</p>				
Other Information: <i>It is understood and agreed that CSACI, its administrators, directors, agents, officers, volunteers and employees, and the Beanfield Centre its administrators, directors, agents, officers, and employees, is added as Additional Insured but solely with respect to liability arising out of the operations of the Named Insured and only with respect to the above Meeting.</i>				
The Insurer will endeavour to provide 30 days written notice in the event of policy cancellation prior to expiration date(s) noted. Such notice mailed or delivered to your address shown above shall fulfill the Company's obligation in regard to notice. While every effort will be made to comply with this agreement, we assume no responsibility for failure to meet this commitment.				

Date:

Cert ID:

Authorized Representative: _____
Insurance Company name