



SPORTS & FITNESS
INSURANCE CANADA



Omega General
Insurance Company

Head Office: 34 King St. E., Suite 1200
Toronto, Ontario, M5C 2X8

Administered by
SPORTS & FITNESS INSURANCE CANADA

POLICY DECLARATION PAGE(S)

MGA: Trothen & McConkey Insurance Brokers Limited. **POLICY NUMBER:** SFI 12 009087
1054 Adelaide St N, London, ON N5Y 2N1
Phone: 519-672-3224 Fax: 519-439-8865

SUB BROKER: NIL

REFERENCE #: PT9331

NAMED INSURED: ACTIVE BY NATURE O/B AMANDA JOHNSON

LOCATION ADDRESS: 1041 WILSON WAY, CANMORE, AB T1W 3C5

MAILING ADDRESS: 1041 WILSON WAY, CANMORE, AB T1W 3C5

BUSINESS OF INSURED: URBAN POLING/NORDIC WALKING INSTRUCTOR, DAY HIKE LEADER, URBAN POLING INSTRUCTOR TRAINER, FOUR SEASON SNOWSHOE/HIKING GUIDE

POLICY PERIOD: **FROM** December 01, 2019 **TO** December 01, 2020
at 12:01 a.m. Standard Time at your postal address of the Named Insured.

MINIMUM RETAINED PREMIUM: \$270 **TOTAL PREMIUM:** \$270

IMPORTANT INFORMATION FOR CUSTOMERS

This policy contains a clause(s), which may limit the amount payable.

This policy may include more than one form of coverage insuring various items, each with its own specific deductible. If a loss occurs involving more than one form or item, we will apply only the largest deductible applicable to any one coverage involved in a loss. Various provisions in this policy may restrict coverage. Read this entire policy carefully to determine the rights, duties and what is and is not covered.

Important - terms and conditions may differ from your previous policy. Please read all documents. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in the policy, subject to all the conditions, exclusions and stipulations contained in the forms attached. Insurance is provided for any of those coverages for which forms are attached and specific amounts of insurance are stated, subject to any applicable limits of Liability.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations and any other person or organization qualifying as an Insured. The words "we", "us" and "our" refer to Omega General Insurance (hereinafter called the Insurer or Company) located at 34 King Street East, Suite 1200, Toronto, Ontario M5C 2X8.

Authorized Signature
Sports and Fitness Insurance Canada

Authorized Signature
Omega General Insurance

POLICY DECLARATION PAGE(S) - CONTINUED

ADDITIONAL INSURED(S)

INTEREST

THREE SISTERS MOUNTAIN VILLAGE PROPERTIES LTD.
1401 Hastings Cres SE
Calgary, AB T2G 4C8

CONTRACT EMPLOYER

HUBS WORLDWIDE INC. O/A ADVENTURE HUB AND THEIR DIRECTORS, OFFICERS,
EMPLOYEES, VOLUNTEERS, GUIDES, AGENTS, INDEPENDENT CONTRACTORS,
REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND ALL THOSE IN LAW FOR WHOM
THEY ARE RESPONSIBLE
129 Bow Meadows Cres Suite 202
Canmore, AB T1W 2W8

CONTRACT EMPLOYER

ADDITIONAL INSURED(S) ARE HEREBY ADDED WITH RESPECT TO LIABILITY ARISING FROM THE OPERATIONS OF THE NAMED INSURED.

LOSS, IF ANY PAYABLE TO (Absence of an entry indicates Loss Payable to the Insured)

INTEREST

CANCELLATION OF POLICY:

In consideration of a refund of \$ _____, I / We hereby request Cancellation of Policy No. SFI 12 009087 and any renewal thereof, as from the _____ day of _____, 20____, and I / We hereby release the Insurer from all liability under the said policy including renewal thereof, as from the aforementioned date of cancellation.

Dated at _____

This _____ day of _____, 20_____.

Insured

Payee

SPORTS & FITNESS POLICY COVERAGES

Liability

Form #	Coverage	Deductible	Limit of Liability	Premium
SFIC 3000	Coverage A (Includes Professional Liability) Bodily Injury Liability Property Damage	\$500	\$2,000,000	Included
	Coverage B - Personal and Advertising Injury		\$2,000,000	Included
	Coverage C - Medical Payments	\$500	25000/25000	Included
	Coverage D - Tenants' Legal Liability		\$250,000	Included
	General Aggregate Limit		\$5,000,000	Included
	Products-Completed Operations Aggregate Limit		\$2,000,000	Included

Schedule of Forms and Endorsements

Form #	Coverage	Deductible	Sub-Limit	Aggregate Limit
	Schedule of Forms and Endorsements	Same as Coverage A unless indicated otherwise	Same as Coverage A unless indicated otherwise	Same as Coverage A unless indicated otherwise
SFIC 3001	Abuse Limitation Endorsement		\$250,000	\$250,000
SFIC 3008	Additional Insured - Certificate Holders Endorsement			
SFIC 3009	Accident, Heart Attack and Stroke Insurance		\$10,000	\$10,000