# **Certificate of Insurance (COI)**

# When renting at Camp Cherith, a Certificate of Insurance is required.

### What's included in a COI?

A standard COI typically includes the following details:

- Policyholder's name and address
- Insurance provider's contact information
- The policy number, start date, and expiration data
- The types of coverage provided such as general liability, property, or commercial auto insurance and the limits of each
- The names and information of any additional insured parties, Camp Cherith, 286 River Farm Lane, Lanark, Ontario K0G1K0
- A list of coverage exclusions or limitations
- The certificate holder (the entity requesting proof of insurance Camp Cherith)
- An authorized representative's signature to validate the document.

# How to get a certificate of insurance

If you need a COI, you can request one from your insurance company or broker. Many insurers let policyholders do this online, by phone, or via email. The average turnaround time is 1-2 days, but it may take longer in cases where specific coverage requirements need review and approval.

To speed up the process, be ready to provide details like the name and address of the certificate holder (Camp Cherith) and any specific coverage requirements. Once issued, review the COI to make sure everything is accurate before sharing it with the requesting party.

# Understanding 'Additional Insureds' and 'Certificate Holders'

An 'Additional Insured' is a person or organization added to a policy for coverage. This is common in retreat rentals, where venues like Camp Cherith are added to a renter's policy for liability protection.

A 'Certificate Holder', as in Camp Cherith is the entity requesting the COI to verify the insured party has the right coverage. Common examples include landlords, venues, camps, etc.



### Delegated Underwriting Authority on behalf of the Participating Insurers

#### CERTIFICATE OF INSURANCE

This is to certify to: Camp Cherith 286 River Farm Ln, Lanark ON K0G1K0

That policies of Insurance as herein described have been issued to the insured named below and are in force at this date.

Location and Opera RE:	For a Yo	outh Retr	is Certific eat to be ane. Lan	held at C	camp Che	)th
nsurer:			-		-	
Address of Insured:						
Name of Insured:		_	_			

KIND OF POLICY	LIMITS OF LIABILITY	POLICY NUMBER	EXPIRY DATE
COMMERCIAL GENERAL LIABILITY (EXCEPT AUTOMOBILE) INCLUDING: PRODUCTS/COMPLETED OPERATIONS NON-OWNED AUTOMOBILE LIABILITY PERSONAL INJURY LIABILITY CROSS LIABILITY/SEPARATION OF INSUREDS TENANTS LEGAL LIABILITY – BROAD FORM SUB-LIMIT, IF ANY \$2,000,000. PER OCCURRENCE RESTRICTIONS (If any): REFER TO POLICY WORDINGS	\$2,000,000.  INCLUSIVE LIMIT PER OCCURRENCE/ANNUAL AGGREGATE BODILY INJURY AND PROPERTY DAMAGE COMBINED		
OTHER	N/A		

**ADDITIONAL INSURED:** The following name is added to the policy as an Additional Insured, but only with respect to the above noted location and arising out of the Named Insured's operations. The policy limits are not increased by the addition of such Additional Insured beyond those stated in this Certificate.

#### Camp Cherith

**NOTE:** The insurance afforded is subject to the full terms, conditions, and exclusions contained in the applicable policy(ies). This certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. The insurer will endeavor to mail to the holder of this certificate 15 days written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

ROBERTSON HALL INSURANCE INC.	
per_	
	Date:



# CERTIFICATE OF INSURANCE

INSURED'S FULL NAME AND MAILING ADDRESS					BROKER'S FULL NAME AND ADDRESS					
This is to entify that the policie	a of incommon	Veted below b		RAGES	las and som	and above for the	- notice and in	dianto d		
This is to certify that the policie notwithstanding any requireme										
may pertain. The insurance aff										
		LIMITS SHOWN N	MAY HAVE BE	EN REDUCED	BY PAID CLAIR	ws				
TYPE OF INSURANCE	COVERAGE BASIS	LIMIT TYPE	LIMIT	OF LIABILITY	DEDUCTIBLE	INSURANCE COMPANY AND POLICY NUMBER Subscribing Companies as	EFFECTIVE DATE	EXPIRY DATE		
iability										
Liability		General Aggreg	ate Not	Applicable						
Bodily Injury and Property Damage	Occurrence	Each Occurren	10e 10	,000,000	5,000		1 1			
Products and/or Completed Operations	Occurrence	Aggregate	10	,000,000	5,000					
Personal Injury and Advertising Injury Liability	Occurrence	Aggregate	10	,000,000	5,000		I I			
Medical Payments	Occurrence	Each Person		25,000	NI					
Tenants Legal Liability	Оссителсе	Any One Prem	ise 10	,000,000	5,000		1			
Professional Liability Extension - Health Care Services	Occurrence	Per Occurrent	ce 10	,000,000	5,000					
Cross Liability				ncluded			1 1			
Contractual Liability				ncluded			1			
Non-Owned Automobile						L .				
Hired Automobile (SEF 94)	Occurrence	Occurrence		000,000	500		1 1			
Non-Owned Automobile	Occurrence	Occurrence	10	,000,000	NI					
ADDITIONAL INSURED NAME AND A	DORESS			DESCRIP	TION OF OPERA	ATIONS/ LOCATION	S AUTOMOBILES	SPECIAL ITEMS		
CHERITH CHRISTIAN CAMPO 286 RIVER FARM LANE, LAN		1K0		Named I		onal Insured(s) a	as per agreement	(s) with the		
CERTIFICATE HOLDER - NAME AND	MAILING ADDRE	555		CANCELL	ATTON					
CHERITH CHRISTIAN CAMPGRO 286 River Farm Lane, Lanark, ON				Should a expiratio	ny of the above	, the issuing com	cies be cancelled	our to mail		
SUBSCRIBING COMPANIES ON BEHALF OF INTACT PUBLIC ENTITIES INC., AS MANAGING GENERAL AGENT:			A.M. BEST	written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.						
Intact Insurance Company			"A"	Cancellation Notice: 30 days						
Temple Insurance Company			"A+"				Da	te		
rempre madrance company				_		_				

INSURED'S FULL NAME AND MAILING ADDRESS					