



595 Bay Street, Suite 900, Box 81
Toronto, Ontario, Canada M5G 2E3
T 416.597.0008
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www.hkmb.com
www.hubinternational.com

INSURANCE COVER NOTE

NAME OF INSURED: Karate Association of Ontario o/a Karate Ontario (KAO) and clubs registered in good standing with the Named Insured.

ADDRESS: 2 County Court Blvd., Unit 160, Brampton, ON L6W 4V1

COVERAGE: Commercial Liability as per Insurers Wordings & Attached Specifications

INSURER: Sovereign General Insurance Company Admin. By K and K Insurance

POLICY No.: BINDER

TERM: May 15, 2009 – May 15, 2010

PREMIUM: \$10,000 + 8% Tax = \$10,800

THIS DOCUMENT IS EVIDENCE THAT INSURANCE DESCRIBED ABOVE HAS BEEN EFFECTED, AS AT 12:01 A.M., STANDARD TIME AT THE EFFECTIVE DATE AS NOTED ABOVE AT THE ADDRESS OF THE INSURED, SUBJECT TO THE CONDITIONS OF POLICY TO BE ISSUED. COVER HEREUNDER TO BE NULL AND VOID ON RECEIPT OF POLICY OR WRITTEN NOTICE.

IMMEDIATE ADVISE MUST BE GIVEN OF DISCREPANCIES, INACCURACIES, OR NECESSARY CHANGES.

LIABILITY INSURANCE AS PER ATTACHED SPECIFICATIONS.

Dated: May 14, 2009

HKMB HUB International

Authorized Signature

Commercial General Liability (CGL)

COVERAGE: Commercial General Liability - Occurrence Form

Pays on your behalf sums you may be legally obligated to pay as compensatory damages because of bodily injury or property damage to third parties

LIMITS:

\$3,000,000	Bodily Injury and Property Damage – each occurrence
\$3,000,000	Aggregate – Products and Completed Operations
\$3,000,000	Personal Injury
\$ 100,000	Non Owned Automobile (SEF 6) - Liability
\$1,000,000	Tenants Legal Liability
\$ 2,500	Medical Payments per person

COVERAGE:

- o Products/Completed Operations
- o Contingent Employers Liability
- o *Employees as Additional Insureds*
- o *Cross Liability, Severability of Interest*
- o *Incidental Medical Malpractice*
- o Liquor Liability (unless excluded by endorsement)
- o Occurrence Property Damage
- o Personal Injury
- o Blanket Contractual
- o Broad Form Property Damage
- o Watercraft-Non Owned less than 8 metres in length
- o Owners & Contractors Protective
- o Medical Payments
- o Attached Machinery
- o Data Exclusion
- o Terrorism Exclusion
- o Fireworks Exclusion
- o Forcible Ejection Exclusion
- o Liquor Liability Exclusion
- o Limited Fungi and Fungal Derivatives Coverage
- o Total Asbestos Exclusion
- o Sexual Abuse/ Molestation Exclusion/Harassment Exclusion
- o Participants Limitation Endorsement (Waiver Requirement)
- o **Territory Restriction (Canada Only)**
- o **Designated operations Exclusion: Bladed Weaponry, Mixed Martial Arts, Kickboxing (including Thai and Savate)**
- o SEF 96-Contractual Liability Endorsement
- o SEF 99-Excluding Long Term Leased Vehicle Endorsement
- o OEF 98B – Reduction of Coverage for Lessees/Drivers of Leased Vehicles Endorsement

DEDUCTIBLES: \$ 2,500 Each Occurrence



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NAME OF INSURED: Karate Association of Ontario o/a Karate Ontario (KAO) and clubs registered in good standing with the Named Insured.

ADDRESS: 2 County Court Blvd., Unit 160, Brampton, ON L6W 4V1

COVERAGE: Participant Personal Accident Insurance as per Insurers Standard Wordings & Attached Specifications

INSURER: Lloyd's of London through K&K Insurance

POLICY No.: BINDER

TERM: May 15, 2009 to May 15, 2010

PREMIUM: \$3500 plus 8% Ontario Sales Tax = \$3780

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PARTICIPANT PERSONAL ACCIDENT INSURANCE AS PER ATTACHED SPECIFICATIONS.

HKMB HUB International

PER:

Authorized Signature

Dated: May 14, 2009

Participant Personal Accident Specifications

INSURING CO. Lloyd's of London through K&K	POLICY BINDER	TERM 12 Months.	EXPIRY May 15, 2010
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SCHEDULE

<u>COVERAGE:</u>	<u>OF</u>	<u>BENEFITS:</u>	<u>DEDUCTIBLE:</u>
Accidental Death & Dismemberment (including Loss of Use)	\$	15,000	
Aggregate Limit of Indemnity (maximum as a result of any one accident)	\$	1,000,000	
Accident Medical/Hospital Expenses (covers expenses incurred in Canada and that are in excess or the agreed deductible and of any government medical/hospital plan and/or any other policy providing reimbursement)	\$	15,000	\$250
Accident Dental Expenses (covers injury to sound and natural teeth)	\$	1,000	\$250
Fracture Indemnity Schedule	\$	10,000	
Repatriation Benefit	\$	5,000	
Family Transportation Benefit	\$	5,000	

Please note for the Participant Personal Accident Coverage, there is a period of one (1) year from the date of accident for the Participant to file Claim under this policy.