## **Diocese of Niagara**

# Memo

**To:** All Parishes

**From:** Kim Waltmann, Insurance Administrator

**Date:** 2021-05-11

**Re:** 2021 User Group Insurance Renewal

Please find attached the New Package for 2021 User Group Insurance Policy. You may use these sheets as your master and make as many copies as you need. A Special Events rate is for members of the parish only. This is for family events which use to be charged at the events rate of \$54.00. It will be now charged at a rate of \$27 per event and \$54 with alcohol. Please continue to fill out the User Group Program sheet and send a copy of this with a cheque made out to "The Diocese of Niagara" to my attention. You may save them up and send them to me once a month to save on postage if you like. The Renter receives a copy of the Summary of Insurance Coverage. The Rate sheet is for your use only. If you have any questions, please contact me at the Diocesan offices 905-527-1316 ext. 540 or email me at kim.waltmann@niagaraanglican.ca.



# The Synod of the Diocese of Niagara

## Anglican Church of Canada

The Right Reverend Susan J. A. Bell, Bishop

## **USER GROUP PROGRAM**

THE SYNOD OF THE DIOCESE OF NIAGARA

lame (	of Parish: City:
1.	If the renter does not have their own insurance coverage they can purchase the insurance
	through the Synod of the Diocese of Niagara User Group Program. Rate Schedule attached
2.	Fill out the following information for each rental:
a)	Name of User Group:
b)	Type of Activity:
c)	Number of Participants:
d)	Date(s) of use:
	Will alcohol be available? Yes No If yes a liquor license and Smart servers are required and are the responsibility of the renter.
e)	Premium charged:
3.	The user receives a copy of the <b>Summary of Insurance Coverage</b> ; this is the actual policy, after payment is received by you. The cheque should be made out to " <b>The Diocese of Niagara</b> ".
4.	Please send the cheque or payment with a copy of this info sheet to Kim Waltmann at the Diocese of Niagara, 252 James Street, North, Hamilton, ON L8R 2L3.
5.	Please contact Kim Waltmann at <a href="mailto:kim.waltmann@niagaraanglican.ca">kim.waltmann@niagaraanglican.ca</a> or 905-527-1316 ext 540 with any questions.



## FACILITY USER GROUP INSURANCE PROGRAM **SUMMARY OF INSURANCE COVERAGE (6400100)**

Insured: Policy No.: **Insurance Company:**  Synod of The Diocese of Niagara "User Groups" (as on file) GAME00484-010

GameDay Insurance Inc. Underwritten by Aviva Insurance Company of Canada

The Insurance coverage under this Master Policy is valid only to those users and/or renters who have PURCHASED and PAID for coverage under this program and only for those dates reported in their Rental Agreement on file with the Synod of The Diocese of Niagara

Insurance as described herein has been arranged on behalf of the Insured named herein under the following policy; and as more fully described in said policy and any endorsements attached thereto.

COVERAGE	LIMITS OF LIABILITY			
Commercial General Liability-Per Occurrence	\$2,000,000			
Participant Liability	\$2,000,000			
Tenants' Legal Liability-Any one premises	\$2,000,000			
Medical Expense-Non participant third party	\$10,000			
Aggregate Limit-Products & Completed Operations Hazard	\$2,000,000			
Bodily Injury/Property Damage & Legal Expense Deductible	\$500 / \$500			
**Host Liquor Liability Coverage Included when Liquor Liability Premium has been paid. **				

Insured's include your employees, volunteers, executives, managers, coaches, trainers and participants while acting within the scope of their duties on your behalf.

Note: A sub-contractor, vendor or exhibitor is not considered an employee and therefore not covered under your policy.

Additional Insured: Synod of The Diocese of Niagara are added as an additional insured but only with respect to liability arising out of the operations performed by the Synod of The Diocese of Niagara "User Groups" (as per list on file).

#### **ENDORSEMENT**

Incidental Medical Malpractice Liability, Additional Insured, Additional Insured-Blanket Basis, Employers Liability Extension, Abuse Exclusion, Contagious Disease Exclusion, Cyber Exclusion-Liability, Electronic Data Exclusion Amendment, Excluded Activities.

Excluded Activities: - Alpine Skiing, Bouncy Castles, Boxing, BUBBLE SOCCER, Climbing Walls, Contact Hockey, Contact Martial Arts, Cycling, Dunk Tanks, Fireworks (unless under the direction of a Fireworks Supervisor), Gymnastics, Horse Related, Kickboxing, Lacrosse (unless non-contact pickup), Minor Hockey (18 & under) (unless non-contact pickup), Rugby, Skateboarding/Skateboard Parks, Snowboarding, Tackle Football

## **IMPORTANT NOTES**

This Policy covers your legal liability for bodily injury to or damage to property of others such as spectators, passers-by, property owners and others resulting from your activity. In addition, your legal liability for injury to participants is covered. The typical types of claims filed against you include spectator slip/trip/fall injuries and injuries to sports participants. The Liability Policy DOES NOT provide Benefits for Medical Expenses incurred as a result of an injury sustained by an insured member, while participating in a sanctioned insured activity. The Liability Policy PROTECTS YOU IN THE EVENT OF A LAWSUIT against claims of bodily injury or property damage. Insurance coverage ONLY applies to the activity and dates disclosed on the permit application

This is only a summary of the insurance provided under the Policy and constitutes a statement of the facts as of the date of issuance. These facts are so represented only to the addressee. This document does not list all policy wordings, limitations, exclusions and warranties that form part of the policy. The actual wording of the policy governs in all situations.

6400100 Date Issued Policy Number Claims Assist GAME00484-010 1-866-661-7507



## FACILITY USER GROUP RATING SCHEDULE

# \$2,000,000 COMMERCIAL GENERAL LIABILITY/PER OCCURRENCE DEDUCTIBLE: \$500

Type of Event	# of Participants	Premium		
		Low	Medium	High
The state of the second st	1-50	\$ 0.76	\$ 1.51	Refer
Hourly Rate for Sports-occasional use	51-100	\$ 1.51	\$ 3.02	Refer
Maximum Coverage - up to 1 Day	101-250	\$ 2.27	\$ 6.05	Refer
*Excludes Adult Non-Contact Hockey, see Adult	101-250	7		
Non-Contact Hockey rates listed below	1-50	\$ 27.00	\$ 54.00	Refer
	51-100	\$ 37.80	\$ 81.00	Refer
One Day Sporting Events/Tournaments	101-250	\$ 54.00	\$108.00	Kelei
	1-50	\$ 54.00	\$ 81.00	Refer
Two or Three day Sporting Events/Tournaments	51-100	\$ 75.60	\$108.00	Refer
	101-250	\$ 91.80	\$135.00	Refer
			\$108.00	Refer
	1-50	\$ 81.00 \$108.00	\$135.00	Refer
All Season Sporting Activities - Flat Rate	51-100		\$162.00	Refer
Maximum Coverage - up to one year	101-250	\$135.00	Refer	Refer
	over 250	Refer	Keier	Reiei
Type of Event	# Participants	Premium		
	1 - 250	\$2.70 per meeting – max 1 day \$5.40 per meeting – max 1 day		
Meetings - Flat rate	251 - 500			
		With Alcohol		
		No Alcohol	Including Beer Garden	
	1 100	\$ 54.00	\$135.00	
Events - Flat Rate	1- 100 101-250	\$108.00	\$243.00	
	251-500	\$162.00	\$297.00	
		\$270.00	Reter	
	501-1000 over 1000	Refer	Refer	
	over 1000	No Alcohol With Alcohol		
Special Events - Flat Rate Applicable to the following events only Family Showers, Family Christenings, Family Dinners, Retirements, Picnics	1-100 \$27.00		\$54	\$54.00
2-3 Day Meetings/Events		Twice Daily Rate  Triple Daily Rate		
4-5 Day Meetings/Events				
Annual Monthly Meetings - weekly or monthly	Five Times Meeting Rate			
Children's Birthday Parties Birthday Party/Meeting Room Birthday Party/Meeting Room/Sports (includes gym/pool/arena use)	UNLIMITED	\$2.16/hour \$4.32/hour		
Camp Programs - Including Multi-Sport Coverage applicable Per Camp Session (Maximum 2 weeks)	Up to 100 Over 101	\$108.00/flat rate \$2.16/per participant		

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### EXCLUSION (5210701-1)

This endorsement modifies insurance provided under the following:

## COMMERCIAL GENERAL LIABILITY COVERAGE FORM

It is understood and agreed that the insurance provided by this policy shall not apply to the following activities:

Alpine Skiing Bouncy Castles Boxing BUBBLE SOCCER Climbing Walls Contact Hockey
Contact Martial Arts

Cycling Dunk Tanks

Gymnastics

Fireworks (unless under the direction of a Fireworks Supervisor)

Horse Related Kickboxing

Lacrosse (unless non-contact pickup)

Minor Hockey (18 & under) (unless non-contact pickup)

Rugby

Skateboarding/Skateboard Parks Snowboarding Tackle Football

Policy Number:

GAME00484-010

A	i
Signature of Insured	Date
	May 10/2021

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **CONTAGIOUS DISEASE EXCLUSION**

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

This exclusion forms a part of the insurance policy to which it is attached (the "Policy") and is applicable to all liability coverages and endorsements contained in the Policy.

- 1. Notwithstanding any provision to the contrary within this Policy, this Policy does not cover all actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount, directly or indirectly and regardless of any other cause contributing concurrently or in any sequence, originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with a Contagious Disease or the fear or threat (whether actual or perceived) of a Contagious Disease.
- 2. For the purposes of this exclusion, loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defence cost, cost, expense or any other amount, includes, but is not limited to, any cost to clean-up, detoxify, remove, monitor or test for a Contagious Disease.
- 3. As used herein, a Contagious Disease means any disease which can be transmitted by means of any substance or agent from any organism to another organism where:
  - 3.1. the substance or agent includes, but is not limited to, a virus, bacterium, parasite or other organism or any variation thereof, whether deemed living or not, and
  - 3.2. the method of transmission, whether direct or indirect, includes but is not limited to, airborne transmission, bodily fluid transmission, transmission from or to any surface or object, solid, liquid or gas or between organisms, and
  - 3.3. the disease, substance or agent can cause or threaten bodily injury, illness, emotional distress, damage to human health, human welfare or property damage.

All other terms and conditions of the Policy shall remain unchanged.