

Stewardship Partners Insurance Program

Program Certificate of Liability Insurance

Contract Number : **PA25DKB-44**
Contract Term : December 2, 2024 at 12:01 a.m. to May 1, 2034 at 12:01 a.m. All times are local times at the Named Insured's postal address shown on this certificate.
Program : **RECREATION SITE/TRAIL MANAGEMENT AGREEMENT**
Province Authority : **PARTNERSHIP AGREEMENT**
Recreation Sites & Trails

Aon Reed Stenhouse Inc.
1803 Douglas Street
Victoria, BC, V8T 5C3
Tel : 1.855.913.2227 Fax : 1.250.388.5164

This Certificate is evidence that insurance has been arranged on behalf of the Named Insured herein based on the application on file with the Insurer under the Master Policy No. GLTO ABM 7AB 024, applicable as specifically indicated below and as amended by any endorsement attached hereto and subject to the Conditions and Exclusions of the Master Policy.

Named Insured Friends of the Rossland Range
Mailing Address Box 701
Rossland, BC V0G 1Y0

Insured Operations Activities approved by the Province Authority for which the Province Authority has agreed to provide insurance under a duly executed written agreement between the Named Insured and the Province which are performed by the Insured.

General Liability – Occurrence Form

Coverage	Limits of Insurance
General Liability including:	\$2,000,000
Bodily Injury Property	
Property Damage Liability	
Loss of use without Property Damage	
Products and Completed Operations	
Products and Completed Operations, Aggregate	\$2,000,000
Employees and Volunteers as Additional Insureds	
Cross Liability Clause	
Non-Owned Automobile Liability, Each accident or Occurrence	
Deductible Clause: \$250.00 Property Damage (If the loss exceeds \$250.00, the deductible is waived.)	

THE POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE
OR, IN THE CASE OF AUTOMOBILE INSURANCE,
THE POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE

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Insurers	Policy Number	Line of Business	Interest
LIBERTY MUTUAL INSURANCE COMPANY	GLTO ABM 7AB 024	General Liability	100%

This certificate is made and accepted subject to the foregoing stipulations and conditions of the Master Policy No. GLTO ABM 7AB 024, Issued by LIBERTY MUTUAL INSURANCE COMPANY and which are hereby specifically referred to made part of this Certificate together with such provision, agreements or conditions, as may be endorsed hereon or added hereto and no officer, agent or representative of the Insurer shall have the power to waive or be deemed to have waived any provision or condition of this Certificate unless such waiver, if any, shall be written hereon or attached to this Certificate nor shall apply any privilege or permission affecting the Insurer under this Certificate exist or be claimed by the Insured unless so written or attached, IN WITNESS WHEREOF the Insurer(s) listed above, through their representative duly authorized by them for this purpose, have executed and signed this certificate.

Signed on behalf of the insurers

By



Dated at Victoria, British Columbia on Monday April 14, 2025

Authorized Representative

**IMPORTANT: PLEASE EXAMINE THIS DOCUMENT AND NOTIFY US IMMEDIATELY IF ANY CHANGE IS REQUIRED.
RETAIN THIS CERTIFICATE AND AGREEMENT EVEN AFTER YOUR AGREEMENT EXPIRES**

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