

SAMPLE CERTIFICATE OF INSURANCE

INSURANCE COMPANY NAME

Insurance company address, tel, website

CERTIFICATE OF INSURANCE

Certificate Holder Canadian Society for Vascular Surgery P.O. Box 58062 Ottawa, ON K1C 7H4	Insured Exhibitor company name here Exhibitor address
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Re: Exhibiting at CSVS Annual Scientific Meeting September 13–14, 2019

This certificate is furnished to the Holder as evidence that the insurance policy(ies) described provide coverage as shown, subject to all the terms, conditions, limitations and exclusions of such policy(ies) as now or may later be endorsed. Any amendment or extension of such policy (ies) can only be effected by specific endorsement attached thereto. This certificate is furnished for information purposes only and certifies only that policies of insurance have been issued and are in force at this date. The issuance of this certificate does not modify in any manner the described policy(ies) nor except as otherwise indicated below, make the Certificate Holder an Additional Insured.

Type	Insurer	Policy Number	Expiration	Limit(s) /Amounts of Insurance
Commercial General Liability	Name of Insurance Company	Enter policy number	Enter expiration date	\$2,000,000 each occurrence Limit \$2,000,000 Aggregate Limit (Products/Completed operations) \$2,000,000 General aggregate Limit

Other Information: It is understood and agreed that Canadian Society for Vascular Surgery (CSVS), it's administrators, directors, agents, officers, volunteers and employees, and The Delta Grand Okanagan Resort, its directors, agents, officers, and employees, is added as Additional Insured but solely with respect to liability arising out of the operations of the Named Insured and only with respect to the above Meeting.

The Insurer will endeavour to provide 30 days written notice in the event of policy cancellation prior to expiration date(s) noted. Such notice mailed or delivered to your address shown above shall fulfill the Company's obligation in regard to notice. While every effort will be made to comply with this agreement, we assume no responsibility for failure to meet this commitment.

Date:

Cert ID:

Authorized Representative: _____

Insurance Company Name