SCHEDULE 1:

LEASIDE UNITED CHURCH INSURANCE REQUIREMENTS FOR THIRD PARTY FACILITY USE

The User shall have the following insurances with an insurer licensed in Ontario: General liability insurance with a limit of not less than Two Million Dollars ($2,000,000.00) inclusive per occurrence for bodily injury and property damage including loss of use thereof. Such insurance shall extend to cover the User and all participants in the User’s event or program, and shall include Leaside United Church (LUC), its trustees, volunteers, employees, agents, and contractors as additionally insured with respect to liability arising out of the use or occupation by the User of the property belonging to LUC.

If the User already has liability coverage they shall provide LUC with evidence of all required insurance prior to the event date. Such evidence of insurance shall be in the form of a certificate of insurance. These certificates should be issued by the insurer or insurance broker of the User and must contain the following information:

1. Name of the insurance company and the policy number
2. Name and address of the Insured (user/user group), and designation of Leaside United Church as an Additional Insured
3. Policy period (covering at least the period of the facility usage agreement)
4. Description of coverage and policy limits
5. Description of insured operation and location(s)
6. Signature of authorized representative and date

If the User does not already have liability coverage they must purchase coverage specifically for the event or program conducted at Leaside United Church. Event coverage is offered by a number of different brokers, including some which support online quotes and purchases.

Evidence of insurance purchased must be presented to LUC before finalization of any facilities agreement.

ACKNOWLEDGEMENT AND SIGNOFF:

I have obtained insurance coverage compliant with the terms outlined in this schedule and presented evidence thereof to LUC for review and approval.

________________________________________
User Signature

I have reviewed and hereby accept the evidence of insurance coverage provided by the User.

________________________________________
LUC Representative Signature