



Municipal Facility User General Liability Insurance Program

As a User of this facility owned and / or operated by The Corporation of the Township of Brock, you have the option to purchase Commercial General Liability insurance through the Facility User Insurance Program. This coverage provides the Facility User and their participants during an event / activity with Commercial General Liability insurance in the amount of \$2,000,000 or \$5,000,000 per occurrence and \$2,000,000 or \$5,000,000 Annual Aggregate (as purchased and evidenced on the attached certificate of insurance), including the following coverages:

- Third Party Participant Liability
- Tenant's Legal Liability
- Non-Owned Automobile Liability

This coverage protects you, the User, if an action is brought against you for allegedly causing bodily injury or property damage to a third party. This coverage does not apply to damage to your personal property or a participant's personal property. In the event of a claim, there is a \$1,000 deductible per occurrence. The Corporation of the Township of Brock is automatically listed as an Additional Insured.

Accidental Death & Dismemberment Coverage (AD&D)

For Sporting Event / Activities only, as part of the Facility User Coverage

- AD&D coverage provides a lump sum payment and limited reimbursement of some out-of-pocket expenses to the User, event participant, and third party if a covered accidental injury occurs at the insureds event / activity.
- Coverage only applies to persons 70 years of age or younger provided one or more of the following conditions applies:
 - The Facility User is injured by a participant / invitee in an accident at the insured sporting event / activity;
 - A participant / invitee is injured by another participant / invitee in an accident at the insured sporting event / activity; or
 - A Third Party is injured by the User or a participant / invitee in an accident at the insured sporting event / activity.
- The Principal Sum under the AD&D coverage is \$25,000 and is payable if a covered injury as described above causes death to the insured person. Other injuries that are covered under the policy are subject to payment of a percentage or multiple of the Principal Sum, depending on the nature of the injury.
- There is no income replacement coverage afforded under this policy.
- For further details please contact your representative at the Township of Brock for a copy of the 'Accidental Death and Dismemberment Coverage Endorsement'.

In the Event of an Incident or Claim:

All new incidents or claims are to be reported directly to Michael Avery (mavery@bflcanada.ca) of BFL CANADA.

BFL CANADA will send back a claims acknowledgment to the insured within 24 hours of the claim acknowledging receipt of the claim and confirming that the matter was reported to the insurer.

Questions about the Facility User General Liability Program:

Additional questions may be directed to your BFL CANADA Risk and Insurance Services Inc. Client Service Representative:

Vera Wong
E: vwong@bflcanada.ca

This program is not offered by The Corporation of the Township of Brock and does not assume any responsibility whatsoever for damages resulting from participation in the program.

The Corporation of the Township of Brock disclaims any commercial interest in the insurance offered by Certain Underwriters at Lloyd's, as underwritten by BFL CANADA Risk and Insurance Services Inc.

The Corporation of the Township of Brock provides administrative support to BFL CANADA Risk and Insurance Services Inc. for this program to assist the users of the facilities and remits all premiums and taxes collected to BFL CANADA Risk and Insurance Services Inc.

Our Summary of Insurance is for information purposes only. The insuring agreements, general terms, conditions and exclusions of the actual policy will govern specific application of the various coverages referred to herein. At all times, policy wordings supersede this Summary of Insurance.



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BFL CANADA | Facility Users Program Claim Form

1. Name of Organization:

2. Mailing Address:

Postal Code:

3. Contact Name:

Phone:

Email:

4. Date of Incident:

5. Name of Injured person and / or owner of damaged property:

Name:

Phone:

6. Name of witnesses:

Name:

Phone:

Name:

Phone:

Name:

Phone:

7. Describe Incident:

Reported by (Name):

Signature:

Date: