



2026
Insurance Handbook©

FOR CLUBS OF
Ontario Lacrosse Association

*YOUNGS INSURANCE BROKERS INC. administers the Insurance Program Service.
Youngs Insurance Brokers Inc. is a specialty insurance brokerage specializing in
developing products and coverage to meet the diverse and complex needs of
organizations from coast to coast.*

01/01/2026

Ontario Lacrosse Association

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Ontario Lacrosse Association

SECTION 1: Overview of the Insurance Program

"All I wanted to do was coach and have fun by being involved. In the past, I had to worry about liability insurance and protecting myself. It has taken the fun out of volunteering and being a part of a sports organization".

In the past and now more than ever, legal expense is a major concern to coaches, trainers, managers, umpires, directors of clubs, administrators plus other registered volunteers involved in our sport.

To aid us in this dilemma, the **Ontario Lacrosse Association** has entered into agreement with **YOUNGS INSURANCE BROKERS INC.** Our joint objective is to insure members in good standing with a Comprehensive General Liability Policy plus Sports Accident Package.

The limit of our liability coverage is as indicated by the policy. Coverage under this liability policy will insure the following participants while participating in the organizational activities and events.

1. Participants (ATHLETES)
2. Coaches
3. Instructors
4. Managers & Trainers
5. Club Officials
6. Volunteers
7. Administrators
8. Registered Officials but **ONLY** for **Ontario Lacrosse Association** sanctioned activities involving registered members only.

Coverage under this liability policy is for members in good standing with the **Ontario Lacrosse Association** and will insure the following participants and activities:

1. Elected Officials of member clubs (Board of Directors) **This does not include Directors and Officers Liability for local club officials, see application at end of handbook.**
2. All sanctioned activities governed under the Constitution and By-Laws of **Ontario Lacrosse Association**
3. Registrants/members who are listed above 1 – 8.

For details of coverage and responsibilities please refer to the designated section herein.

Clubs that own or rent their own facilities (buildings and training, etc.) should be aware that there will be exposures beyond the scope of the Insurance Package (please review Optional Insurance Package).

Special Notes:

1. In all cases, the master policy held by the **Ontario Lacrosse Association** will be the governing instrument for clarification of coverage details and deductibles.

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2. To maintain insurance protection for clubs, members, teams, all members, participants, instructors, coaches, managers, trainers, etc., must be registered on designated sport named herein forms, irrespective of age or classification and be submitted to the **Ontario Lacrosse Association** with payment by the appointed deadlines.
3. In all cases, the master policy will **ONLY INSURE** those that are duly registered members with the **Ontario Lacrosse Association**; therefore, no coverage is implied or given for any registrant who does any public or private school teams or leagues including college, university or any other educational body not specifically agreed to in writing by the underwriters of this policy(ies).

SECTION 2: Liability Program

Compulsory Policy

This outline is not a contract of insurance. It is merely a brief description of the various coverages. In all cases the provisions of the actual policy riders shall prevail.

The policy is issued to the **Ontario Lacrosse Association and all member clubs, leagues and teams registered in good standing with Ontario Lacrosse Association** as the named insured.

Participants, coaches, instructors, managers, trainers, club officials, volunteers and administrators are included as additional named insureds as long as they remain members in goodstanding to the **Ontario Lacrosse Association**

This coverage will pay on behalf of the insured (The Sport named herein, the additional named insureds and/or the additional insured persons) all sums which the insured(s) shall become legally obligated to pay as compensatory damages for actual bodily injury or occurrence property damage.

Limits

The total limits of liability, exclusive of defense costs, for any one occurrence, no matter how many insureds are involved, are outlined in your policy.

General Coverage Description for Clubs

The clubs and their members duly registered with the **Ontario Lacrosse Association** are protected against its legal liability for third party bodily injury or property damage to spectators, facilities, and other members of the public arising from organizational activities and events usual to the sport.

The clubs and their members duly registered with the **Ontario Lacrosse Association** are also protected against third-party injury or damage caused by directors, participants, coaches, other club members and volunteers while acting on behalf of the club. **This is not directors' and officers' insurance.**

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Examples of situations that the policy would normally respond to are:

- Suits by spectators and/or other non-participants should they suffer injury caused by negligence of any named insured and/or insured persons.
- Suits by participants, coaches, instructors, officials, etc. against any insured and/or insured persons
- Use of rented premises for meetings, practices, games and/or tournaments.

Deductible: There will be a \$5,000.00 deductible for any property damage caused by the negligence of the insured, the additional insureds, or the additional insured persons.

Coverage

The basic liability policy has been enhanced to include:

Elevator coverage, owners protective liability, products and completed operation, voluntary medical payments, blanket written contractual liability, cross liability, incidental medical malpractice, pollution liability exclusion endorsement, advertising injury liability endorsement, non-owned automobile, blanket tenants legal liability, personal injury endorsement, broad form property damage endorsement, worldwide liability protection as well as legal liability for bodily injury or death to spectators and other members of the public and accidental damage to their property arising from any sanctioned activity.

Some examples of liability coverage as added by endorsement:

Voluntary Medical Payments: Reimburses others for their medical expenses if they are injured as a result of club or Provincial Association activities even when not legally responsible. Limits are \$10,000. per person.

Incidental Medical Malpractice: Protection for rendering "first aid" to an injured person in the course of your activities.

Personal Injury: Protection if someone sues for such happenings as false arrest, defamation of character, wrongful eviction, violation of the right of privacy or occupancy, false advertising.

Non-Owned Automobile: Protection against legal liability arising from an accident when someone is driving his or her own vehicle on behalf of the Provincial Association, Club or team. Coverage is for the **legal entity** not the person driving the vehicle. *NOTE: We strongly recommend the individual person purchase additional coverage to protect him or herself. If renting a vehicle, we strongly recommend that additional coverage be purchased through the rental agency (minimum of \$2,000,000 Liability Coverage).*

Liquor License Liability: Legal liability imposed by the Liquor License Act of the province when hosting an event that includes serving alcoholic beverages however, **THERE IS NO COVERAGE UNDER THIS**

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POLICY. We can provide coverage by extension and coverage is only for annual banquets and a special Liquor Permit is required for coverage to be effective. Other Events liability can be provided by separate policy. Call us and we can advise.

Cross Liability: Protection if one insured person sues another for injury or property damage. i.e. a participant can sue a club or The Provincial Association. This clause will not increase the amount of insurance payable for any one occurrence.

Blanket Tenants Legal Liability: All insureds are protected on an all risk basis, should they damage any premises that they temporarily rent for related activities, such as a hall for year-end banquet, or that you rent or lease office space or a facility for your own use only, or exhibition and/or booths. There is a \$500.00 per loss deductible that applies to this coverage.

Territorial: You must check the Territorial Classification (Canada or Worldwide).

Worldwide Liability Protection: You are protected if you or any other insureds decide to take a team or group of teams off the North American Continent except the suit must be filed in Canada. *NOTE: This coverage is limited, therefore we strongly recommend the group or team purchase additional travel insurance, which is offered by YOUNGS INSURANCE BROKERS INC.*

SECTION 3: Sports Team Group Accident

(TERRITORIAL LIMITES OF POLICY – CANADA ONLY)

Compulsory Policy

This outline is not a contract of insurance. It is merely a brief description of the various coverages. In all cases the provisions of the actual policy riders shall prevail.

Under the plan there is no limit to the number of accidents covered per member or team and for each separate accident the plan pays the following:

Ontario Lacrosse Association

Schedule of Benefits Section

Up to \$20,000	In the event of Accidental Death occurring within 365 days of the injury. In the event of Accidental Dismemberment and Plegia (Scheduled) occurring within 365 days of the accident. The schedule includes Quadriplegia, Paraplegia, Hemiplegia, Loss of Speech or Hearing, Loss of use of hands or arms or one arm or leg.
Up to \$1,000	For dental treatment resulting from injury to whole and sound natural teeth. Dentures or Bridgework Accident Expense Benefit – Up to 52 Weeks to claim. (The Dental Accident Expense Benefit time period: damage occurring within 30 days of Injury, expenses incurred within 26 weeks from the date of accident.
Up to \$20,000	For accident medical expense, including cost of prescription drugs, ambulance, private duty nurses (R.N.) - crutches, splints, braces, trusses, wheelchairs and iron lungs, incurred within 52 weeks of the accident. (WHILE IN CANADA)

Extension of Coverage Section

The following coverages are payable in addition to those indicated above:

Up to \$10,000 Fracture coverage	For fractures (scheduled) incurred while participating in an individual or team activity.
Special Treatment	When injuries covered by this policy result in loss of life of a participant outside of 200 km from their permanent city of residence and within 180 days of the date of the accident, the Insurer shall pay the actual expenses incurred for preparing the deceased for burial and shipment of the body to the residence of the deceased but not to exceed \$5,000. When the attending physician recommends the personal attendance of a member of the immediate family, the Insurer shall pay the actual expenses incurred by the immediate family member for transportation by the most direct route by a licensed common carrier to the confined Insured Person but not to exceed \$5,000.
Rehabilitation Indemnity	For up to 2 years after an accident, up to \$5,000.00 in total is available to cover retraining costs (except living and/or travelling expenses) made necessary because the insured can only work at a special job because of the injuries he suffered.

Special Limitations

- All amounts are payable in Canadian Funds only.
- Endorsement No.1 (attached)



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+1 (905) 689-0400

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Exclusions

Losses excluded include:

- Sickness or disease, aircraft travel unless a fare-paying passenger, repair or replacement of artificial teeth, dental x rays, masseur fees, professional athletes, war risks, radioactive risks.
- Benefits payable under Provincial/Federal Hospital plans or losses payable under Workmen's Compensation.
- Benefits payable under Provincial/Federal Hospital plans.
- Disability unless under treatment by a qualified physician.
- No coverage is afforded to any professional athlete.

NOTE: THIS IS NOT A WAGE OR SALARY REPLACEMENT PROGRAM.

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SECTION 4: Claims Procedure

For Compulsory Policy

Liability Section

1. All Clubs will report all claims to **Ontario Lacrosse Association** who in turn will submit them to YOUNGS INSURANCE BROKERS INC.
2. You will have to give the legal name of your Club in the event of a claim.
3. The **Ontario Lacrosse Association** will inform YOUNGS INSURANCE BROKERS INC. that you are covered under a Master Insurance Policy.
4. All Liability Claims must be reported to the **Ontario Lacrosse Association** within 48 Hours of receiving notice of potential legal action. Give all details and documentation regarding the claim to the **Ontario Lacrosse Association**.
5. Do not seek legal counsel or give out any information except to an authorized agent of the Insurance Company of **Ontario Lacrosse Association**.

Sports Accident Section

1. The **Ontario Lacrosse Association** will have distributed copies of this form to all their Clubs. All members who wish to submit a claim under the Sports Accident section of the policy and who do not have a claim form will contact the **Ontario Lacrosse Association** and obtain a claim form or package to submit the claim.
2. The Club will have the claimant complete this form as required and send it directly to the **Ontario Lacrosse Association** office.
3. Attention: INSURANCE CO-ORDINATOR OF SPORTS PROGRAM
Ontario Lacrosse Association
1 Concorde Gate, #200C
North York, ON, M3C 3N6
(416) 426-7066



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SECTION 5: Other Releases

5:1 COACHES/PARTICIPANTS DATA SHEET (FOR CLUB USE ONLY)

This is a form that team/club representatives and/or club coaches have found to be an important part of their athlete's file. In the event of an injury while participating in events, the information provided can be of assistance to attending medical staff.

5:2 WORDS OF ADVICE FOR COACHES

General information regarding the standard of care required of a coach while supervising athletes under his/her control.

5:3 ACCIDENT REPORT FORM

One mandate of the YOUNGS INSURANCE BROKERS INC. is to maintain a long-term research study with regards to injuries.

The co-operation of the athletes, coaches, administrators of clubs in completing and submitting the Accident Incident Report Form will allow us to assess areas that might jeopardize your safety programs and assist us in working towards a safe participation for your athletes.

5:4 SPORTS ACCIDENT CLAIM FORM

This form will be distributed by the clubs to injured participants on request. Please note it is very important that this form be completed correctly, to prevent any delays in the settlement of a claim. Should you have any problems or questions regarding the form, please contact the Ontario Lacrosse Association office.

5:5 CERTIFICATE OF INSURANCE

When necessary, the *Ontario Lacrosse Association* office will provide the member club with a Certificate of Insurance. In some cases, a member club requires proof of liability coverage for the temporary leasing or use of a facility for club activities or other club functions.

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Contact Youngs Insurance Brokers Inc. for advice on:

1. Additional available coverage.
2. Information with regards to Travel Insurance while travelling outside of the Country or Province and the need for this coverage.
3. Information regarding Directors & Officers Liability and the potential requirement for this coverage by clubs. A Directors and Officers Liability policy could cover the members of the Board from breach of fiduciary duty; libel, slander, or defamation; noncompliance with regulations or laws; and/or reporting errors or misrepresentation. Please find the application at the end of this handbook.

Contacts:


BRENTON PIDSDANY
CUSTOMER SERVICE REPRESENTATIVE

BPIDSADNY@YOUNGSINSURANCE.CA
(905) 689-7911 EXT. 2231
95 HAMILTON ST. N.
WATERDOWN, ON L0R 2H0
WWW.YOUNGSINSURANCE.CA



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PARTICIPANTS DATA SHEET FOR COACHES

Name of Coach:		
Address:	City, Prov.:	Postal Code:
Email:	Telephone No.:	

The following information is important to help your son or daughter have an enjoyable time and also allow the coach to be more knowledgeable about your son or daughter.

Name:	Nick Name:	Health Card #:	
Address:	City, Prov.:	Postal Code:	
Email:	Telephone No.:		
Birth Date (MM/DD/YYYY):	Weight:	Height:	
Family Doctor:	Telephone No.:		

Has your doctor given permission for your son or daughter to participate in this sport? <input type="checkbox"/> YES <input type="checkbox"/> NO
If no why:
Any other health problems or allergies, please explain:

NOTICE OF WARNING:

There is a potential risk for injury involved in training and participating in any sport. The **Ontario Lacrosse Association** has tried to create a safe and controlled environment for safe participation. The Club and officials have established rules in conjunction with the governing body for participation and conduct on and about the area that should be followed.

Waivers of Liability are recommended, and we have attached a sample for your use.

Signature of Legal Guardian or Parents:	Date:
Print Name of Legal Guardian or Parents:	

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Words of Advice for Coaches

Risk is a natural part of life and therefore a part of many sports. There is always a risk of injury when participating in sports. Because of this risk of injury there is also a risk of a lawsuit. The lawsuit in many cases will have to be proven on an unintentional tort (negligence) against you or the club. If so, in order to prove that negligence occurred, the injured party must establish three facts:

- Damages were sustained.
- Duty relationship existed between the parties.
- The conduct of the negligent party was below an acceptable standard of care.

Here in Canada we do have a defense in sport called the "Volenti Doctrine". The courts have recognized and understand that in any sport there are risks, which are "obvious", i.e. "foreseeable" and "necessary". In other words, the risk of minor injury or injury is both foreseeable and necessary if one is to learn the sport. The risk of receiving blows to the body are both foreseeable and necessary to boxing, football, soccer, rugby, hockey or any other bodily contact sports if one is to accomplish the end result of the sport.

Nevertheless, in the case of an accident or injury you must understand and conduct yourself in the standard of care required by the situation. Therefore if your participant is injured, then:

- Secure proper medical attention immediately.
- If injury is serious, notify or transport individual to the nearest hospital.
- Make sure you have coaches/participants data sheet.
- Notify parents and follow-up on condition.

The Last Word:

Since Williams v. Eady (1893), the legal precedent was set that an individual (coach) owed a duty to act as the "careful parent of a large family", a concept adopted almost universally since then to present day.

The ruling was, "Once a youngster had become hurt, would not a prudent father want to know how and why his child had become hurt in order to avoid the same kind of risk to another child? I think he would have."

Therefore, as a coach it is paramount that supervision of activities under your control are directly related to the complexity of the training session at hand. The rule of thumb is how much supervision would you give, if it were your child?

Your answer to this question should dictate your actions.

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Sport Accident Program Overview

Eligibility:

To be eligible for insurance all members shall be participating as players, managers, coaches, trainers, executives, officials or volunteers in practice or competition in the sport under the supervision and direction of the **Ontario Lacrosse Association** and its sanctioning of the activity.

Foreign Players Playing in Canada

When a foreign player(s) is joining or playing for an Ontario Lacrosse Association member club for a game, games or season the foreign player/participant must have their own travel medical insurance in place first for the player to be approved and accepted to play for an Ontario Lacrosse Association member club and for the participant accident coverage to apply.

Notice of PROOF of CLAIM:

Furnish to the **Ontario Lacrosse Association** or its representatives on forms provided, Sport Accident claim form within 90 days from such date of accident. This form will give the nature and cause of the accident and completed by legally qualified Medical or Dental Practitioner, if required by the insurance company.

BENEFITS	SUM INSURED
Accidental Death & Dismemberment (including loss of use)	up to \$20,000
Aggregate Limit of Indemnity (maximum as a result of any one accident)	\$1,000,000
Medical Accident Expense Benefit	up to \$20,000
Dental Accident Expenses (covers injury to sound and natural teeth)	up to \$1,000
Fracture Benefit	up to \$10,000
Eyeglass and Contact Lens Expense Benefit	up to \$3,000
Rehabilitation Benefit	up to \$5,000
Home Alteration and Vehicle Expense Benefit	Up to \$10,000
Therapeutic Counselling Benefit	Up to \$1,000

*NOTE: All claims must be approved by the **Ontario Lacrosse Association** prior to being paid by the Insurance Company (Insurer). As well this is a second payer program, this means that if you have an employee benefits program at work it pays first, if not, then this program pays first or the differences between the two plans.*

Forms: ➤ Sport Accident Claim Forms (included in this package)

Ontario Lacrosse Association

DIRECTORS AND OFFICERS LIABILITY APPLICATION

Words and expressions, other than in the headings, printed in **Bold** are defined in the policy form.

BROKER DETAILS

Broker Name:

1. COMPANY DETAILS

Name of **company**:

Address of Registered Office:

Jurisdiction of Incorporation / Formation:

Select

Has the Business been operating for more than three years?

Yes No

Select Description of Operations:

Select

Are there any additional entities which would not be considered to be >50% owned by the **company** listed above which you would wish to be covered by this policy?

Yes No

If Yes, please complete the remainder of this application taking into consideration all of the additional entity(ies) for which you wish to provide coverage.

Please provide the names of the additional entity(ies) you wish to include in the proposed coverage:

Additional entity(ies)

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2. BUSINESS DETAILS

Does the company have the authority to discipline, take any disciplinary action or recommend any disciplinary action to its members? Yes No

If yes, Please provide additional details

Has the **company** ever had its tax exempt status challenged, revoked or suspended by the Canada Revenue Agency or equivalent governing body? Yes No

What are the total assets of the **company**? Select

What percentage (%) of the **company's** assets are in the US? Select

What were the consolidated gross sales/revenues for the **company's** most recent fiscal year? Select

What were the consolidated US sales/revenues for the **company's** most recent fiscal year? Select

Did the **company** have a going concern note in its most recent audited annual financial statements and/or is the **company** in breach of any debt/loan agreements or covenants, and/or is the **company** currently, or has it at any time during the past three years been financially insolvent, or within the last year has it contemplated seeking creditor protection, or does it contemplate seeking creditor protection within the next six months? Yes No

3. EMPLOYEE / EMPLOYMENT PRACTICE LIABILITY INFORMATION

Is Employment Practices Liability Coverage required for the **company**? Yes No

If No, it is understood and agreed that coverage for wrongful employment practices will be limited to the insured persons only and not the insured **company(ies)**. If Yes, please complete the following questions, if No, please proceed to Question 4.

Number Of Employees

EMPLOYEE TYPE	Canada	USA	Other *	Total	
Total number of Full Time Employees					
Number of Full Time Unionized Employees listed above **					
If "USA" Please provide the number of all employees in each of the following states:	Californi a	Texas	New Jersey	Michigan	New York

* If "Other" Please List Countries

** Please note the rating for unionized employees is typically lower than for non-unionized due to the collective bargaining agreements. You may wish to confirm this # prior to submitting this application for rating.

For employees with a salary over \$100,000 are all terminations subject to prior review by, and support from, external legal counsel? Yes No N/A

In the event the **company** downsizes more than 25% of the **company's** workforce, is the downsizing subject to prior review by, and support from, external legal counsel? Yes No

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4. FIDUCIARY LIABILITY / EMPLOYEE BENEFITS / PENSION

Is Fiduciary/Pension Trust Liability Coverage required for the **company**? Yes No

If No, it is understood and agreed that coverage will be limited to fiduciary wrongdoing in connection with health and welfare benefit plans only. If Yes, please complete the following questions, if No, please proceed to Question 5.

Please provide the total assets of the plans (excluding multi-employer plans):

PLAN TYPE	TOTAL ASSETS (\$)
-----------	-------------------

Defined Contribution Pension Plan	
-----------------------------------	--

Defined Benefit Pension Plan	
------------------------------	--

Check here if none apply	<input type="checkbox"/>
--------------------------	--------------------------

For any/all Defined Benefit Plans only:

Based on historical cash flow from operations can the company make all special payment requirements where applicable?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
--	---

Have there been any amendments to any plans that have resulted in, or are expected to result in, a reduction of benefits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

5. PAST LITIGATION, PROCEEDING, ACTIONS OR SUITS

Has any **insured individual** (whether acting on behalf of any **company**, any other organization or personally), in the past 3 years been involved in:

Any litigation, civil or criminal action, class action, derivative action, investigation or proceeding with respect to, including but not limited to the following: anticompetitive/antitrust, fair trade, copyright or patent, shareholder/securities, pollution or occupational health & safety (excluding employment or pension, retirement or health & welfare benefit plans)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

Any employment or labour related litigation or proceeding which resulted in settlements or findings of more than \$25,000 cumulatively?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

Any litigation or proceeding involving any sponsored pension, retirement or health and welfare benefit plans?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

If yes, Please provide Summary

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to Liberty Mutual Insurance Company for non-disclosure.

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6. CURRENT / PRIOR INSURANCE

Has the **company** previously held or does it now have any of the following coverages?
If Yes, Please provide the expiring Pending and Prior Litigation Dates and Limits

	Date	Limit \$
Directors & Officers Liability Yes <input type="checkbox"/> No <input type="checkbox"/>		

7. PRIOR KNOWLEDGE / WARRANTY

Other than any items already reported under section 5 of this application and with respect to any coverage in section 6 which is not currently in force:

Are there any claims made or now pending against any individual or **company** proposed for coverage? Yes No

Does any **insured individual** or **company** have any knowledge or information of any facts or circumstances which could reasonably be expected to give rise to a claim under the proposed policy, including but not limited to the types of matters as noted in section 5 above? Yes No

If Yes, Please provide summary

It is understood and agreed that any loss arising from a matter disclosed or which should have been disclosed under this section is excluded from coverage under the policy, all without limiting any other remedy available to Liberty Mutual Insurance Company for non-disclosure.

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ACKNOWLEDGEMENTS / DECLARATION

The undersigned(s) declare that to the best of their knowledge and belief the statements and disclosures in this application are true. The completion and signing of this application does not obligate the **company** or Liberty Mutual Insurance Company to effect the insurance but it is agreed that if a policy is issued this application will form part of such policy and Liberty Mutual Insurance Company will be relying on the completeness and accuracy of the statements and disclosures in this application.

If the undersigned(s) becomes aware of any material changes to the statements and disclosures in this application between the date of this application and the effective date of any policy bound with Liberty Mutual Insurance Company, they will notify Liberty Mutual Insurance Company immediately of such changes in writing. It is understood that, without limitation to any other remedy, Liberty Mutual Insurance Company may upon review of such changes, withdraw or modify any outstanding quotation(s) and any agreement or authorization to bind coverage.

The undersigned(s) authorize Liberty Mutual Insurance Company to make any investigation and inquiry in connection with this application that it deems necessary and acknowledge that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use and disclosure of such information for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, acting as authorized by law.

False Information – Any person who, knowingly and with the intent to defraud any insurance or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Liberty Mutual Insurance Company’s insurance business in Canada.

Name:

Title:

(Chief Executive Officer, President or Chairman of the Board)

Signature:

Date: