

## CERTIFICATE OF INSURANCE

Provided by:

**Insurance Provider of your choice**  
**Insurance Provider Address**  
**Telephone: 204-xxx-xxxx**

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**TO: Brandon School Division**  
**1031-6<sup>th</sup> Street**  
**Brandon, MB R7A 4K5**

This is to certify that insurance as described below has been arranged through this office for the Insured named, on whose behalf this Insurance Certificate is executed and we hereby certify that such insurance is in full force and effect.

**INSURED: Organization/User Group**  
**ADDRESS: Organization/ User Group Address**

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**POLICY NO.: Indicate Policy Number**  
**INSURER: Insurance Provider**  
**TERM: mm/dd/yyyy to mm/dd/yyyy**  
**COVERAGE: \$2,000,000 Commercial General Liability**  
**POLICY SUBJECT TO: Standard Policy Wordings**  
**ADDITIONAL INSURED: Brandon School Division**  
**OTHER: Use of Brandon School Division Facilities**

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Date: Insurance Provider

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