



## Commercial General Liability (CGL)

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**COVERAGE:**

**Commercial General Liability – Occurrence Form**

Pays on your behalf sums you may be legally obligated to pay as compensatory damages because of bodily injury or property damage to third parties.

**LIMITS:**

|  |                                  |
|--|----------------------------------|
| Each Occurrence                              | \$5,000,000                      |
| Tenant's Legal Liability                     | \$2,000,000 (any one premises)   |
| Medical Expense                              | \$10,000 (Any one person)        |
| Products-Completed Operations                | \$5,000,000 (Aggregate)          |
| Non-Owned Automobile                         | \$5,000,000                      |
| Directors & Officers Liability               | \$2,000,000                      |
| Legal Defense Expenses                       | \$25,000 (Each Occurrence & Agg) |
| Legal Liability for Damage to<br>Hired Autos | \$50,000                         |

**DEDUCTIBLE:**

|  |         |
|--|---------|
| Bodily Injury/Property Damage                | \$500   |
| Legal Defense Expenses                       | \$500   |
| Tenant's Legal Liability                     | \$500   |
| Legal Liability for Damage<br>To Hired Autos | \$1,000 |

**EXTENSIONS:**

Incidental Medical Malpractice Liability  
Sports & Social Activities Endorsement  
Personal & Advertising Liability  
Employer's Liability  
SEF 96 – Contractual Liability  
OEF 98B – Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement  
Blanket Contractual  
Cross Liability/Separation of Insureds  
Coverage Territory is world wide subject to suits brought in Canada

**EXCLUSIONS:**

Data  
Terrorism  
Asbestos  
Fungi & Fungal Derivatives Exclusion Endorsement  
Pollution Liability  
Nuclear Energy Liability  
War Risks



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## Participant Personal Accident Specifications

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| Coverage   | Maximum Amount Payable<br>Any One Accident |
|--|--|
| 1. Death   | \$50,000 (Any One Insured)                 |
| 2. Loss of two or more limbs or total and irrecoverable<br>Loss of sight of both eyes or hearing in both ears or<br>any combination there of   | \$20,000 (Any One Insured)                 |
| 3. Loss of one limb or total and irrecoverable loss of<br>sight of one eye or total hearing in one ear   | \$15,000 (Any One Insured)                 |
| 4. Loss of thumb and index finger  | \$2,000 (Any One Insured)                  |
| 5. Quadriplegia (Complete paralysis of both upper<br>& lower limbs)  | \$50,000 (Any One Insured)                 |
| 6. Paraplegia (Complete paralysis of lower limbs)  | \$50,000 (Any One Insured)                 |
| 7. Hemiplegia (Complete paralysis of upper and lower<br>limbs of one side of the body)   | \$50,000 (Any One Insured)                 |
| 8. Any injury which prevents the Insured from engaging<br>in any occupation or employment for which he/she<br>is reasonably suited by education, training or<br>experience continuously for a period of 12 months<br>from the date of the accident and is deemed to be<br>permanent or irrecoverable | \$50,000 (Any One Insured)                 |

**Important Note:** Benefits with respect to quadriplegia, paraplegia and hemiplegia require total paralysis of the limbs which shall have been continuous for a period of 12 months from the date of the accident and is deemed to be permanent and irrecoverable.

Indemnity provided with respect to items 1) through 8) will not be paid under any circumstances for more than one of the losses, the greatest, sustained by any one Insured as the result of any one accident.



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**PPA Specs – Continuation**

**SUPPLEMENTARY BENEFITS**

| <b>Coverage</b>                                       | <b>Maximum Amount Payable<br/>Any One Accident</b> |
|---|--|
| Prosthetic Appliances                                 | \$3,000 (Any One Insured)                          |
| Blanket Medical Expense Reimbursement                 | \$15,000 (Any One Insured)                         |
| Rehabilitation Benefit                                | \$3,000 (Any One Insured)                          |
| Tuition Benefit                                       | \$2,000 (Any One Insured)                          |
| Special Treatment Travel Expense                      | \$1,000 (Any One Insured)                          |
| Out of Province – Excess Surgical & Medical           | \$10,000 (Any One Insured)                         |
| Accident Benefits                                     |  |
| Emergency Transportation Benefit                      | \$50 (Any One Insured)                             |
| Eyeglass & Contact Lens Expense                       | \$100 (Any One Insured)                            |
| Blanket Dental Accident Reimbursement                 | \$10,000 (Any One Insured)                         |
| Dentures, Hearing Aids and Removable<br>Teeth Expense | \$200 (Any One Insured)                            |

**EXTENSIONS:**

Physiotherapy Limit - \$50 per visit with a maximum of \$500 per accident  
Weekly Income - \$100 per week

**EXCLUSIONS:**

Terrorism