

**True North Hockey Canada Inc.  
Summary of Coverage**

**Description of Operations:** True North Hockey Canada Inc. (Recreational Hockey League)

**Insurer:** Everest Insurance Company of Canada - 100%

**Location:** Suite 304 - 4920 Dundas St. W., Toronto, ON M9A 1B7

**Mailing Address: (If Different from Location Address)**

**To Submit a Claim:** Email: [info@truenorthhockey.com](mailto:info@truenorthhockey.com) - with full details

**LIABILITY**

Bodily Injury , Property Damage & Expense, deductible \$1,000

Occurrence Form

Personal Injury & Advertising Injury \$ 5,000,000

Personal Injury & Advertising Injury Aggregate \$ 5,000,000

Products and Completed Operations \$ 5,000,000

Products and Completed Operations Aggregate \$ 5,000,000

Broad Form Tenants Legal Liability, \$1,000 deductible \$ 2,000,000

Non-Owned Automobile \$ 5,000,000

OEF 98B - Reduction of Coverage for Lessees or Drivers of  
Leased Vehicles

**Broad Form Extensions as follows;**

Medical Payments, per person \$ 5,000

Occurrence Property Damage

Broad Form Contractual Liability

Contingent Employers Liability

Incidental Medical Malpractice

Employees as Additional Insureds

Cross Liability

Owners/Contractors Protective

Voluntary Compensation for Employees

**Extensions:**

Employers Bodily Injury Extension Included

Employee Benefits, Claims Made, \$1,000 Deductible \$ 1,000,000

60 Day Cancellation Clause

Limited World Wide

Host Liquor Liability Exclusion

**PARTICIPANT ACCIDENT SCHEDULE OF BENEFITS**

**Insurer:** Everest Insurance Company of Canada - 100%

**Location:** Suite 304 - 4920 Dundas St. W., Toronto, ON M9A 1B7

<b>BENEFIT</b>	<b>MAXIMUM AMOUNT PAYABLE</b>
<b>Principal Sum</b>	<b>\$ 20,000</b>
<b>Dismemberment, Some Loss of Use of Limbs, Loss of Speech, Hearing and Paralysis (as Per Schedule)</b>	\$ 30,000
<b>Accident Medical and Hospital Reimbursement Expenses</b>	\$20,000 overall maximum
Services of a Nurse	\$ 15,000
Hospital Services & Prescriptions	\$ 15,000
Licensed Physiotherapist	
Class I	\$150 per accident to a maximum of \$350 per policy term
Class II & Class III	\$250 per accident to a maximum of \$600 per policy year
Class IV	Not applicable
Licensed Chiropractor	
Class I	\$150 per accident to a maximum of \$200 per policy year
Class II & Class III	\$250 per accident to a maximum of \$350 per policy year
Class IV	Not applicable
Overuse Benefit: Licensed practitioner per specialty, for any of the following: Osteopath, Chiropodist, Podiatrist, Massage	
Class II	\$600 per accident
Class I, Class III & Class IV	Not applicable
Orthotic Inserts for Footwear	
Class II	\$600 per accident
Class I, Class III & Class IV	Not applicable
Licensed Ambulance Service	\$5,000 for air ambulance \$300 for ground
Rental of Wheelchair, Iron Lung	\$ 15,000
Cost of Splints, Trusses, Braces	\$ 15,000
Hearing Aids, Crutches & Miscellaneous Expenses	
Claim Validation	\$40 per accident
<b>Accident Dental Reimbursement Expenses</b>	\$5,000 per accident
Dentures	\$ 250
<b>Weekly Accident Indemnity</b>	
Class I & Class IV	Not applicable
Class II & Class III	maximum of \$350 per week for 26 weeks, subject to 7 day waiting period
<b>Fracture, Dislocation and Surgery Indemnity</b>	\$ 400
<b>Eyeglasses or Contact Lenses Benefit</b>	\$100 per accident
<b>Home Alteration and Vehicle Modification Benefit</b>	\$ 10,000
<b>Rehabilitation Expenses Benefit</b>	\$ 10,000
<b>Repatriation Benefit</b>	\$ 10,000
<b>Special Transportation Benefit</b>	\$ 10,000
<b>Emergency Transportation Benefit</b>	\$ 75
<b>Occupational Training Benefit</b>	\$ 3,000
<b>Tutorial Benefit</b>	\$20 per hour to a maximum of \$2,000 per accident

**Subject to:**

Participants sign waivers every year. Please provide copy of the standard waiver  
Waivers are required to process Participant-Accident claims

**Class Breakdown**

Class I: Registered Members

Class II: National Team Members

Class III: Officials and Referees

**IMPORTANT:**

This "Summary of Coverage" is intended for use as evidence that the insurance coverage described herein is in force. It is subject to the standard terms, definitions and conditions of the policy issued by the insurer(s) for this type of insurance, the conditions, limitations and exclusions of which shall prevail at all times. It will terminate on its expiry date or when replaced by the actual policy, whichever occurs first. The insurer(s) agree to notify Dan Lawrie Insurance Brokers Ltd. in writing, if the policies issued do not conform to the coverages outlined in this Summary of Coverage.

E. & O. E.