



CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer.
This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS				2. INSURED'S FULL NAME AND MAILING ADDRESS			
Telus World of Science				Model Aeronautics Association of Canada 9-5100 South Service Road,			
11211-142 Street NW							
Edmonton		AB	POSTAL CODE T5M 4A1	Burlington		Ontario	POSTAL CODE L7L 6A5

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Competitions, exhibitions, sport flying and related events involving all members and chartered clubs belonging to the MAAC and all owners of property used by the MAAC members arising vicariously from the operations of the named insured - Re - Northern Alberta FPV League #928.
Telus World of Science are listed as additional insured, but only with respect to the legal liability arising out of the operations of the first named insured.

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

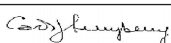
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE OR ☒ OCCURRENCE ☒ PRODUCTS AND / OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☐ CROSS LIABILITY ☐ WAIVER OF SUBROGATION ☒ TENANTS LEGAL LIABILITY ☐ POLLUTION LIABILITY EXTENSION ☐ ☐	HDI Global Speciality SE - GA0338826000	2026/03/01	2027/03/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$10,000,000
				- EACH OCCURRENCE		\$10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$10,000,000
				☒ PERSONAL INJURY LIABILITY OR ☐ PERSONAL AND ADVERTISING INJURY LIABILITY		\$10,000,000
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		\$1,000,000
				POLLUTION LIABILITY EXTENSION		
☒ NON-OWNED AUTOMOBILES ☐ HIRED AUTOMOBILES	HDI Global Speciality SE -	2026/03/01	2027/03/01	NON-OWNED AUTOMOBILES		\$10,000,000
AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				HIRED AUTOMOBILES		
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
EXCESS LIABILITY ☐ UMBRELLA FORM ☐				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) ☐						
☐						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail __30__ days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS			7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)		
Westland Insurance Group Ltd. 1-195 Henry Street			Telus World of Science 11211-142 Street NW		
Brantford ON					
POSTAL CODE N3S 5C9					
BROKER CLIENT ID:			Edmonton AB		
			POSTAL CODE T5M 4A1		

8. CERTIFICATE AUTHORIZATION

ISSUER Westland Insurance Group Ltd.	CONTACT NUMBER(S) TYPE Main NO. (519) 756-2200 TYPE Fax NO. (519) 756-4905 TYPE NO. TYPE NO.				
AUTHORIZED REPRESENTATIVE Carol Terryberry					
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	DATE July 31, 2026 EMAIL ADDRESS cterryberry@westlandinsurance.ca				