



NORTH SHUSWAP COMMUNITY ASSOCIATION
5456 Squilax Anglemont Road
Celista, BC V0E 1M6

CERTIFICATE OF INSURANCE

This is to certify to the **North Shuswap Community Association** that the insurance policy detailed below is in force, subject to the terms, conditions and exclusions of the policy.

Insured: _____

Additional Insured: **North Shuswap Community Association**
5456 Squilax Anglemont Road
Celista, BC V0E 1M6

Function: _____

Insurance Coverage: Party Alcohol Liability Insurance

Policy No.: _____

Term: _____

Limits: \$1,000,000 – Commercial General Liability

Dated: _____

Insurance Company: _____

Insurance Advisor: _____