

**This is to confirm to:** THE ROYAL ASTRONOMICAL SOCIETY OF CANADA

**That policies of insurance as herein described have been issued to the Insured named below and are in force at this date.**

**Name and address of Insured:** THE ROYAL ASTRONOMICAL SOCIETY OF CANADA

203-4920 DUNDAS ST W  
TORONTO, ON, M9A 1B7

**Location to which this confirmation applies:**

203-4920 Dundas Street West  
TORONTO, ON, M9A 1B7

**Operations to which this confirmation applies:** Civic, community, special interest (non-medical) associations or groups

Type of Policy	Policy Number	Expiry Date DD/MM/YYYY	Amount of Insurance
<b>Commercial General Liability</b> Products and/or Completed Operations Incl. <input checked="" type="checkbox"/> Excl. <input type="checkbox"/>  Non-Owned Automobile Incl. <input checked="" type="checkbox"/> Excl. <input type="checkbox"/>  Other:	4001019915	31/05/2021	<b>Each occurrence limit:</b> \$5,000,000 <b>Aggregate limit:</b> \$5,000,000 <b>Tenant's Legal Liability:</b> \$1,000,000 <b>Non-Owned Automobile - limit:</b> \$5,000,000 The limits shown may have been reduced by paid claims.  Other:
Directors' and Officers'	n/a	n/a	<b>Limit:</b> n/a <b>Deductible:</b> n/a The limits shown may have been reduced by paid claims.
Errors and Omissions	n/a	n/a	<b>Limit:</b> n/a <b>Deductible:</b> n/a The limits shown may have been reduced by paid claims.

**NOTE:**

The insurance afforded is subject to the terms, conditions and exclusion of the applicable policy. This confirmation is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. The Insurer will endeavour to mail to the holder of this Confirmation \_\_\_\_\_ days' written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

**Date:** 08/05/2020

**Authorized Representative of the Insurer:** QUAN H NGUYEN & ASSOCIATES INC AO74055