

CSIO		CERTIFICATE OF INSURANCE				DATE (YY/MM/DD) 14/07/23	
BROKER Dan Lawrie Insurance Brokers Ltd. 105 Main St. E., 14th Floor Hamilton, ON L8N 1G6				This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.			
BROKER'S CLIENT ID: JASTR-1				COMPANIES AFFORDING COVERAGE COMPANY A Intact Insurance Company			
INSURED'S FULL NAME AND MAILING ADDRESS Nationwide Transport Ltd. P.O. Box 48, Station "A" Brampton, ON L6V 2L1				COMPANY B COMPANY C COMPANY D			
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 requirement, term or condition 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 the terms, exclusions and conditions of such policies.							
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYERS'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	7J9000024	14/06/05	15/06/05	EACH OCCURRENCE	\$ 2000000	
	A	7J9000024	14/06/05	15/06/05	GENERAL AGGREGATE	\$	
	A	7J9000024	14/06/05	15/06/05	PRODUCTS - COM/OP AGG	\$	
	A	7J9000024	14/06/05	15/06/05	PERSONAL INJURY	\$	
	A	7J9000024	14/06/05	15/06/05	TENANT'S LEGAL LIABILITY	\$	
	A	7J9000024	14/06/05	15/06/05	MED EXP (Any one person)	\$ 5000	
	A	7J9000024	14/06/05	15/06/05	NON-OWNED AUTO	\$ 2000000	
	A	7J9000024	14/06/05	15/06/05	OPTIONAL POLLUTION LIABILITY EXTENSION	\$	
	A	7J9000024	14/06/05	15/06/05	(Per Occurrence)	\$	
	A	7J9000024	14/06/05	15/06/05	(Aggregate)	\$	
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES <input checked="" type="checkbox"/> OPCF #8 PROPERTY <input checked="" type="checkbox"/> ALL PERILS <input checked="" type="checkbox"/> OPCF#27B NON-OWNED <input checked="" type="checkbox"/> OPCF#5 <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	7J9000024	14/06/05	15/06/05	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 2000000	
	A	DAMAGE DED. \$2,500	14/06/05	15/06/05	BODILY INJURY (Per person)	\$	
	A	DEDUCTIBLE \$5000	14/06/05	15/06/05	BODILY INJURY (Per accident)	\$	
	A	TRAILER LIMIT \$50000	14/06/05	15/06/05	PROPERTY DAMAGE	\$	
	A	PERMISSION TO RENT/LEASE	14/06/05	15/06/05		\$	
<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <small>(Specify)</small>					EACH OCCURRENCE	\$	
					AGGREGATE	\$	
<input type="checkbox"/> OTHER LIABILITY (SPECIFY) CARGO	A	7J9000024	14/06/05	15/06/05	CARGO LIMIT DEDUCTIBLE	\$ 250000 5000	
ADDITIONAL INSURED				DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS This Certificate is issued as proof of insurance only. All other terms and conditions remain unchanged			
CERTIFICATE HOLDER				CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>15</u> days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE Don Brimicombe, CIP				PRINT NAME INCLUDING POSITION HELD Katherine Groom Account Manager			
FAX NUMBER 905-521-7989		EMAIL ADDRESS kgroom@danlawrie.com		COMPANY Dan Lawrie Insurance Brokers		DATE 14/07/23	
CSIO CERT (2000/06)							