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| **Certificate of Insurance** | INSURANCEIntact logo_MASTER_Black.jpg |

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.

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| **1. CERTIFICATE HOLDER – NAME AND MAILING ADDRESS** | | | | | | | | **2. INSURED’S FULL NAME AND MAILING ADDRESS** | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
| POSTAL CODE: | | | | | | | | POSTAL CODE: | | | | | | | | | |
| **3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the 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** | | | **POLICY NO.** | **EFFECTIVE**  **DATE**  (YYYY/MM/DD) | | **EXPIRY**  **DATE**  (YYYY/MM/DD) | | | **LIMITS OF LIABILITY**  (Canadian dollars unless indicated otherwise) | | | | | | | | |
| **COVERAGE** | | | | | | | | **AMOUNT OF**  **INSURANCE** |
| **COMMERCIAL GENERAL**  **LIABILITY MAX:**  **Form No.: LR20**  **Including:** | | |  |  | |  | | | **BODILY INJURY AND PROPERTY DAMAGE**  **LIABILITY**  EACH OCCURRENCE | | | | | | | |  |
|  | |  |  |  | |  | | |  | | | | GENERAL AGGREGATE  (Form No. L321) | | | |  |
|  | |  |  |  | |  | | |  | | | |  |
|  | |  |  |  | |  | | |
| PRODUCTS **-** COMPLETED  OPERATIONS  AGGREGATE | | | | | | | |  |
|  | | PRODUCTS AND/OR COMPLETED OPERATIONS |  |  | |  | | |
|  | | CROSS LIABILITY (Form No: G011) |  |  | |  | | | ABUSE AGGREGATE | | | | | | | |  |
|  | |  |  |  | |  | | |  | | PERSONAL INJURY AND ADVERTISING INJURY  LIABILITY  - Any one person or organization, and in the Aggregate | | | | | |  |
|  | |  |  |  | |  | | |
|  | |  |  |  | |  | | |
|  | |  |  |  | |  | | | MEDICAL PAYMENTS – Any one person | | | | | | | |  |
|  | | TENANTS LEGAL LIABILITY |  |  | |  | | | TENANTS’ LEGAL LIABILITY – Any one premises | | | | | | | |  |
|  | | NON-OWNED AUTOMOBILES |  |  | |  | | | NON- OWNED AUTOMOBILE  - Any One Accident Limit: | | | | | | | |  |
|  | | Pollution Liability Exclusion Standard |  |  | |  | | |  | | | | | | | |  |
|  | | Limited – 120 hours |  |  | |  | | |  | | | | | | | |  |
|  | | Other |  |  | |  | | |  | | | | | | | |  |
| **OTHER COVERAGES (SPECIFY)** | | |  |  | |  | | |  | | | | | | | |  |
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| **5. CANCELLATION**  Should any of the above described policies be cancelled before the expiration date thereof, the insurer will endeavor to mail       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. | | | | | | | | | | | | | | | | | |
| **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) | | | | | | | | | |
| POSTAL CODE: | | | | | | | |
| BROKER CLIENT ID: | | | | | | | | POSTAL CODE: | | | | | | | | | |
| If Section 7 is completed, the Additional Insured status shall only apply to the extent indicated in the policy. | | | | | | | | | | | | | | | | | |
| **8. CERTIFICATE AUTHORIZATION** | | | | | | | | | | | | | | | | | |
| ISSUER: | | | | | | | CONTACT NUMBER(S) | | | | | | | | | | |
| AUTHORIZED REPRESENTATIVE: | | | | | | | TYPE | | | NO. | | | | TYPE | | NO. | |
| TYPE | | | NO. | | | | TYPE | | NO. | |
| SIGNATURE OF AUTHORIZED  REPRESENTATIVE: | | | | | EMAIL ADDRESS: | | | | | | | | | | DATE (YYYY/MM/DD) | | |