



Certificate of Insurance

Intact Insurance Company

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	
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. <div style="text-align: right;">LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</div>					
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
OWNERS', LANDLORDS' & TENANT'S LIABILITY: Form No.: LR05				BODILY INJURY AND PROPERTY DAMAGE LIABILITY EACH OCCURRENCE GENERAL AGGREGATE	
<input type="checkbox"/> TENANTS LEGAL LIABILITY				<input type="checkbox"/> PERSONAL INJURY AND ADVERTISING INJURY LIABILITY - Any one person or organization, and in the Aggregate	
				MEDICAL PAYMENTS – Any one person	
				TENANTS' LEGAL LIABILITY – Any one premises	
<input type="checkbox"/> NON-OWNED AUTOMOBILES				NON- OWNED AUTOMOBILE - Any One Accident Limit:	
<input type="checkbox"/> Pollution Liability Exclusion Standard <input type="checkbox"/> Other					
OTHER COVERAGES (SPECIFY)					
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.					
6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS				7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Form No. O104: Additional Insured – Mortgagee, Assignee, Receiver or Other Third Party ➤ but only with respect to liability arising out of the ownership, occupancy, or maintenance of the Insured premises)	
POSTAL CODE:				POSTAL CODE:	
BROKER CLIENT ID:					
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
		TYPE	NO.	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE:		EMAIL ADDRESS:		DATE (YYYY/MM/DD)