

CSIO

CERTIFICATE OF LIABILITY INSURANCE

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	
To Whom It May Concern		2582822 Ontario Inc. o/a Dallas Haul	
		1507 Petrolia Line	
ON		POSTAL CODE	Corunna Ontario
		POSTAL CODE	N0N 1G0

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Hauling for others, Sand, Gravel and Soil

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	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
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"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Intact Insurance Company - 501398738	2021/07/07	2022/07/07	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		\$5,000,000
				- EACH OCCURRENCE		\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				PERSONAL INJURY LIABILITY		
				OR		
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
				MEDICAL PAYMENTS		\$50,000
				TENANTS LEGAL LIABILITY	\$1,000	\$500,000
POLLUTION LIABILITY EXTENSION						
<input type="checkbox"/> NON-OWNED AUTOMOBILES				NON-OWNED AUTOMOBILES		
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES		
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)		
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)		
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE		
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE						
EXCESS LIABILITY				EACH OCCURRENCE		
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE		
<input type="checkbox"/>						
OTHER LIABILITY (SPECIFY)						
<input type="checkbox"/>						
<input type="checkbox"/>						

5. CANCELLATION

6. 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)	
Orr Insurance & Investment Stratford 50 Cobourg Street			
Stratford ON		POSTAL CODE	N5A 3E5
BROKER CLIENT ID:		POSTAL CODE	

8. CERTIFICATE AUTHORIZATION

ISSUER Orr Insurance & Investment Stratford	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Sarah Jeffrey	TYPE Main NO. (519) 271-4340	TYPE Fax NO. (519) 271-7626	
	TYPE Cell NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	DATE July 14, 2021	EMAIL ADDRESS sjeffrey@orriinsurance.net	