



# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
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			
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <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	2019/07/07	2020/07/07	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000			
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE					
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000			
				<input type="checkbox"/> 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					
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED					
				BODILY INJURY (PER PERSON)					
				BODILY INJURY (PER ACCIDENT)					
				PROPERTY DAMAGE					
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE					
				AGGREGATE					
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/>									

**5. CANCELLATION**

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (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	
<b>BROKER CLIENT ID:</b>			POSTAL CODE

**8. CERTIFICATE AUTHORIZATION**

ISSUER Orr Insurance & Investment Stratford	CONTACT NUMBER(S) TYPE Main NO. (519) 271-4340 TYPE Fax NO. (519) 271-7626
AUTHORIZED REPRESENTATIVE Sarah Jeffrey	TYPE Cell NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE June 27, 2019 EMAIL ADDRESS sjeffrey@orrsurance.net