

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 NON 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 <input checked="" type="checkbox"/> 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	2024/07/07	2025/07/07	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000	\$5,000,000		
						- EACH OCCURRENCE		\$5,000,000
						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 <input type="checkbox"/> HIRED AUTOMOBILES				NON-OWNED AUTOMOBILES HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	Intact Insurance Company - 730502187	2024/07/01	2025/07/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$5,000,000		
						BODILY INJURY (PER PERSON)		
						BODILY INJURY (PER ACCIDENT)		
						PROPERTY DAMAGE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE AGGREGATE				
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) TYPE Main NO. (519) 271-4340 TYPE Fax NO. (519) 271-7626
AUTHORIZED REPRESENTATIVE Rostyn McLaren	TYPE Cell NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>R McLaren</i>	DATE July 04, 2024 EMAIL ADDRESS rmclaren@orriinsurance.net