

# 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	Cassidy's Transfer & Storage Ltd. dba Cassidy's; 547707 Ontario Ltd.
	Algonquin Moving Systems a/o Fox Cartage & Storage
	1001 Mackay Street
POSTAL CODE	Pembroke ON
	POSTAL CODE K8A 6X7
<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)</b>	
Evidence of Insurance Only. Cargo Coverage includes Reefer breakdown, Loading & Unloading & Employee dishonesty/theft) Automobile Policy includes: 21B Blanket Fleet, 27B Liab. for Damage to Non-Owned Autos, MAX Limit: \$150,000	

**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"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Northbridge General Insurance Corporation CBC0676297	2022/12/31	2023/12/31	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	2,500	5,000,000
				- EACH OCCURRENCE	2,500	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	2,500	5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000
				MEDICAL PAYMENTS		25,000
				TENANTS LEGAL LIABILITY	5,000	1,000,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Northbridge General Insurance Corporation CBC0676297	2022/12/31	2023/12/31	NON OWNED AUTOMOBILE		5,000,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Northbridge General Insurance Corporation CBC0676297	2022/12/31	2023/12/31	BODILY INJURY AND PROPERTY DAMAGE COMBINED		5,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>OTHER (SPECIFY)</b> <input checked="" type="checkbox"/> Cargo - All Risk	Northbridge General Insurance Corporation CBC0676297	2022/12/31	2023/12/31	Cargo	5,000	1,000,000
<input checked="" type="checkbox"/> Umbrella Liability	Northbridge General Insurance Corporation CBC0676297	2022/12/31	2023/12/31		10,000 SIR	5,000,000
<input checked="" type="checkbox"/> Excess Umbrella Liability	Underwriters Lloyds Of London 6-006-1-163	2022/12/31	2023/12/31		10,000 SIR	10,000,000
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

**5. CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)</b>
NFP Canada Corp.	
100 King Street West, Suite 5140	
PO Box 342	
Toronto ON	
POSTAL CODE M5X 1E1	
<b>BROKER CLIENT ID:</b>	

<b>8. CERTIFICATE AUTHORIZATION</b>	POSTAL CODE
ISSUER	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE Deborah Lewis	TYPE Phone NO. 844-811-1118 TYPE NO.
	TYPE Fax NO. 888-651-3534 TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2022/12/22 EMAIL ADDRESS moverscerton@nfp.ca