

# CERTIFICATE OF 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.

More than Insurance - relationships matter.

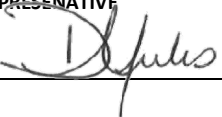
CERTIFICATE HOLDER – NAME AND MAILING ADDRESS		INSURED'S FULL NAME AND MAILING ADDRESS			
DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES					
COVERAGES					
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or 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 & POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF LIABILITY Canadian \$ unless indicated otherwise	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Products and/or Completed Operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Tenants Legal Liability <input type="checkbox"/>				Each Occurrence	
				General Aggregate	
				Products & Completed Operations	
				Personal Injury	
				Tenants Legal Liability	
<b>NON-OWNED AUTO LIABILITY</b> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Damage to Hired Autos				Non-Owned Auto	
				Hired Auto	
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Leased Automobiles * <input type="checkbox"/> <b>*All automobiles leased in excess of 30 days where the insured is required to provide insurance.</b>				Bodily Injury & Property Damage Combined	
				Bodily Injury (Per Person)	
				Bodily Injury (Per Accident)	
				Property Damage	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella or Excess Form <input type="checkbox"/> Other _____				Each Occurrence	
				Aggregate	
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.					
BROKER'S FULL NAME & MAILING ADDRESS		ADDITIONAL INSURED NAME & MAILING ADDRESS (Commercial General Liability – but only with respect to the operations of the Named Insured)			
CERTIFICATE AUTHORIZATION					
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME:				DATE (MM/DD/YY)
	EMAIL ADDRESS:				
	PHONE:				
	FAX:				

# CERTIFICATE OF PROPERTY 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 or alter the coverage afforded by the policies below.

More than Insurance - relationships matter.

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS				INSURED'S FULL NAME AND MAILING ADDRESS				
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES								
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 requirement, term or condition of any contract or other document with respect to which this certificate may be issued or pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.								
TYPE OF INSURANCE	INSURANCE COMPANY & POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF INSURANCE Canadian \$ unless indicated otherwise				
				COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE		
<input type="checkbox"/> Property <input type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils  <input type="checkbox"/> Co-Insurance % _____ <input type="checkbox"/> Stated Amount <input type="checkbox"/> Margin Clause % _____				<input type="checkbox"/> P.O.E.D.	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Building	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Equipment	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Stock	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> C.O.E.D.	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Business Income				
				<input type="checkbox"/> Extra Expense				
				<input type="checkbox"/> Rental Income				
				<input type="checkbox"/> Earthquake				
				<input type="checkbox"/> Flood				
				<input type="checkbox"/> Sewer Back-up				
				<input type="checkbox"/> Inland Marine <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost				<input type="checkbox"/> Contractor's Equipment
<input type="checkbox"/> Cargo _____								
<input type="checkbox"/> _____								
<input type="checkbox"/> _____								
Boiler & Machinery/ Equipment Breakdown								
<input type="checkbox"/>								
ADDITIONAL INFORMATION								
CANCELLATION								
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.								
BROKERAGE FULL NAME & MAILING ADDRESS				INTERESTED PARTY NAME & MAILING ADDRESS				
				NATURE OF INTEREST:				
CERTIFICATE AUTHORIZATION								
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME:				DATE (MM/DD/YY)			
	EMAIL ADDRESS:							
	PHONE:							
	FAX:							