

# 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>
White Fox Transportation 209 River Birch Street  Kitchener ON POSTAL CODE N2C 2V3	White Fox Transportation Inc. 209 River Birch Street  Kitchener ON POSTAL CODE N2C 2V3

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

**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 <u>OR</u> <input checked="" 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"/> POLLUTION LIABILITY EXTENSION  <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Intact Insurance 7L8502507	2016/11/01	2017/11/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE				
						- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY				
				MEDICAL PAYMENTS				
				TENANTS LEGAL LIABILITY				
				POLLUTION LIABILITY EXTENSION				
<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Intact Insurance 7L8502507	2016/11/01	2017/11/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000		
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
<b>OTHER (SPECIFY)</b> <input checked="" type="checkbox"/> Motor Truck Cargo <input checked="" type="checkbox"/> OPCF 27B-Non Owned Auto <input checked="" type="checkbox"/> Physical Damage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Intact Insurance 7L8502507	2016/11/01	2017/11/01		\$5,000	\$250,000		
					\$5,000	\$150,000		
				Collision/Comp	\$5,000			

**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>
Dalton Timmis 35 Stone Church Rd, 3rd Floor  Ancaster ON POSTAL CODE L9K 1S5	

**BROKER CLIENT ID:** \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

<b>8. CERTIFICATE AUTHORIZATION</b>	
ISSUER	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE Kahlya Gamble, CAIB	TYPE Phone NO. 905-648-3922 TYPE NO.
	TYPE Fax NO. 905-648-6980 TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE Kahlya Gamble DATE 2016/11/02 EMAIL ADDRESS saleksandrab@daltontimmis.com