

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	Sunbelt Logistics Group & 875217 Ontario Inc
	6299 Airport Road Suite # 402
	Mississauga ON
	POSTAL CODE L4V 1N3

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

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 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	Economic Mutual Insurance Company 80T00064	2017/12/16	2018/12/16	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000		
						- EACH OCCURRENCE		5,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000
						<input checked="" type="checkbox"/> LIABILITY		
						MEDICAL PAYMENTS		
						TENANTS LEGAL LIABILITY		1,000,000
		POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES AUTOMOBILE LIABILITY <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	Economic Mutual Insurance Company 80T00064	2017/12/16	2018/12/16	NON OWNED AUTOMOBILE		2,000,000		
						BODILY INJURY AND PROPERTY DAMAGE COMBINED		
						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 checked="" type="checkbox"/> Cargo Legal Liability <input checked="" type="checkbox"/> (Including Errors and Omissions)	Certain Underwriters at Lloyds of London 62T00297	2017/11/28	2018/11/28	Each Occurrence		200,000		
				Annual Aggregate		200,000		

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
Arthur J. Gallagher Canada Limited	
120 South Town Centre Blvd.	
Markham ON	
POSTAL CODE L6G1C3	

BROKER CLIENT ID: _____ POSTAL CODE _____

8. CERTIFICATE AUTHORIZATION

ISSUER Nira Sandraekaram	CONTACT NUMBER(S)
	TYPE Phone NO. 905-479-6670 TYPE NO.
AUTHORIZED REPRESENTATIVE Joe Marra	TYPE Fax NO. 905-479-9164 TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2018/04/17	EMAIL ADDRESS
--	-----------------	---------------