



# CERTIFICATE OF LIABILITY INSURANCE

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>
Specimen: To Whom It May Concern	Kaidex Transportation Services Inc. 3400 Landmark Road, Unit #1 & 2  Burlington, ON L7M 1S8

<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES</b> (but only with respect to the operations of the Named Insured)
Operations usual to the business of the insured: Freight Broker and Warehouse Services All Perils Deductible \$2,500 Leased Automobiles Include OPCF 5-Permission to Rent/Lease Automobiles and Extending Coverage to Specified Lessee(s) OPCF 27B- Liability For Damage To Non-Owned Auto and Other Coverages When Insured Persons Drive, Rent or Lease Other Automobiles, Blanket Coverage

**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 the terms, exclusions and conditions of such policies.

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"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input 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"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance Company  501393402	2018/ 1 / 30	2019/ 1 / 30	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability		5,000,000
				Medical Payments		25,000
				Tenants Legal Liability	1,000	1,000,000
				Pollution Liability Extension		
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Described Automobiles <input 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	Intact Insurance Company  730513446	2018 / 1 / 30	2019/ 1 / 30	Bodily Injury and Property Damage Combined		5,000,000
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Motor Truck Cargo <input type="checkbox"/> <input type="checkbox"/>	Intact Insurance Company  501393402	2018 / 1 / 30	2019/ 1 / 30		1,000	100,000

**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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial general Liability - but only with respect to the operations of the Named Insured)
MacDowell Insurance Brokers Limited 3523A Mainway Drive Burlington, Ontario L7M 1A9  BROKER CLIENT ID: KAIDEX	

<b>8. CERTIFICATE AUTHORIZATION</b>			
Issuer	MacDowell Insurance Brokers Limited	Contact Number(s)	
Authorized Representative	Jill Bond	Type No	Type No
		Type Phone No (905) 332-4646	Type Fax No (905) 332-6523
Signature of Authorized Representative	<i>Jill Bond</i>	Date	EEmail Address
		2018   1   8	jillb@macdowellins.com