

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)

18/10/19

BROKER PBL Insurance Limited
200 Queens Ave. Suite 600
London, ON N6A1J3

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

BROKER'S CLIENT ID: MJWTR-1

COMPANIES AFFORDING COVERAGE
COMPANY A Northbridge General Insurance

INSURED'S FULL NAME AND MAILING ADDRESS
MJW Transport Inc.
2788 Portland Dr.
Oakville, ON L6H 6R4

COMPANY B
COMPANY C
COMPANY D

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 may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYERS'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	CBC 0671279	18/10/19	19/10/19	EACH OCCURRENCE	\$ 2000000
					GENERAL AGGREGATE	\$ 5000000
					PRODUCTS - COMP/OP AGG	\$ 2000000
					PERSONAL INJURY	\$
					TENANT'S LEGAL LIABILITY	\$ 500000
					MED EXP (Any one person)	\$ 25000
					NON-OWNED AUTO	\$ 75000
					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
					(Per Occurrence)	\$
					(Aggregate)	\$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES <input type="checkbox"/> OPCF40 <input type="checkbox"/> 27B. \$75,000 Limit <input type="checkbox"/> \$6,000 AP Ded. <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	CBC 0671279	18/10/19	19/10/19	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 2000000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify) _____					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER LIABILITY (SPECIFY) Motor Truck Cargo	A	BINDER	18/10/19	19/10/19	Vehicle/Catastrophe Reefer Breakdown Deductible	\$150,000 Included \$2,500

ADDITIONAL INSURED
As per description of operations if applicable

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
All operations usual to the business of the named insured as common carrier.

CERTIFICATE HOLDER
TO WHOM IT MAY CONCERN

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE



PRINT NAME INCLUDING POSITION HELD
Johan Hernandez
Commercial Account Manager

FAX NUMBER
519-646-5846

EMAIL ADDRESS

COMPANY
PBL Insurance Limites

DATE
18/10/19

CSIO CERT (2000/06)

OP ID: JHZ

CSR: JH