



# 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> Not Applicable	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b> Sprinter Emergency Transport Inc. 7885 Tranmere Drive, Unit 5 Mississauga, ON POSTAL CODE L5S 1V8
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**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)**  
 This Document hereby serves as Proof of Insurance Only. Coverage is applicable to Operations usual to the Business of the Named Insured with respect to 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"/> CLAIMS MADE OR <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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	<b>Northbridge Insurance</b> 2026836	2020/3/12	2021/3/12	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE	2,500	6,000,000  5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000
				MEDICAL PAYMENTS		10,000
				TENANTS LEGAL LIABILITY	2,500	500,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>Northbridge Insurance</b> 2026836	2020/3/12	2021/3/12	NON OWNED AUTOMOBILE		5,000,000
<b>AUTOMOBILE LIABILITY</b> <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				BODILY INJURY AND PROPERTY DAMAGE COMBINED 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	<b>CNA Canada</b> 2026807	2020/3/12	2021/3/12	Carrier's Liability	2,500	250,000
<input type="checkbox"/>						
<input type="checkbox"/>						

**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> Lyon & Butler Insurance Brokers Ltd. 3100 Rutherford Rd., Suite 401 Vaughan, ON POSTAL CODE L4K 0G6	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (but only with respect to the operations of the Named Insured) Not Applicable
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BROKER CLIENT ID: **SPRIEME-01** POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b> ISSUER <b>Lyon &amp; Butler Insurance Brokers Ltd.</b> AUTHORIZED REPRESENTATIVE	CONTACT NUMBER(S) TYPE <b>Phone</b> NO. <b>(416) 913-0035</b> TYPE <b>Fax</b> NO. <b>(416) 913-0038</b> TYPE NO. TYPE NO.
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SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE **2020/3/11** EMAIL ADDRESS