



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
Not Applicable	Sprinter Emergency Transport Inc.

3560 Odyssey Drive, Unit 5	
Mississauga	ON
POSTAL CODE	L5M 0Z9

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
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
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"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Northbridge General Insurance Corporation 2026836	2021/03/12	2022-03-12	COMMERCIAL GENERAL LIABILITY	2,500	6,000,000
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		5,000,000
				- EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		5,000,000
				OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		10,000
TENANTS LEGAL LIABILITY	2,500	500,000				
POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Northbridge General Insurance Corporation 2026836	2021/03/12	2022-03-12	NON OWNED AUTOMOBILE		5,000,000
AUTOMOBILE LIABILITY <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	Northbridge General Insurance Corporation 2026836	2021/03/12	2022-03-12	BODILY INJURY AND PROPERTY DAMAGE COMBINED		5,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
AGGREGATE						
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>						
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo Liability	CNA Canada - 2026807	2021/06/01	2022-06-01		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 10 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind

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)
Lyon & Butler Insurance Brokers Ltd.	None
3100 Rutherford Road, Vaughan, ON	
POSTAL CODE L6A 3W7	
BROKER CLIENT ID: SPRIEME-01	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	
ISSUER Lyon & Butler Insurance Brokers Ltd.	CONTACT NUMBER(S) TYPE BUS NO. (416) 913-0035 TYPE NO. TYPE FAX NO. (416) 913-0038 TYPE NO.
AUTHORIZED REPRESENTATIVE Kim Arndt, RIBO	
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Kim Arndt</i>	DATE EMAIL ADDRESS certificate@lyonbutler.com