



## **SPRINTER EMERGENCY TRANSPORT INC.**

Specializing in Time Sensitive Expedited Freight

**ESSENTIAL SERVICES PROVIDER**

Ground Expedite

Air Freight

Air Charter

Hand Carry (Worldwide)

Cross-Docking & Warehousing

**\$250,000 Cargo Insurance (may be increased to amount required)**

**Commercial General Liability \$6,000,000**

**General Aggregate \$5,000,000 for each occurrence**

**C-TPAT, PIP, FAST, CSA Certified and US & Canadian Bonded**

**Telephone: 1-905-970-9229**

Toll Free: 1-855-970-9229

Fax: 1-888-864-5589

**Email: [sales@sprinteremergency.com](mailto:sales@sprinteremergency.com)**

Website: [www.sprinteremergency.com](http://www.sprinteremergency.com)

### **Sprinter Emergency Transport Inc. Headquarter Address**

3560 Odyssey Drive, Unit 5

Mississauga, Ontario, Canada

L5M 0Z9

### **Sprinter Emergency Transport Inc. Mailing Address**

PO Box 54022 Golden Gate PO

Brampton, Ontario, Canada

L6Y 5Y9

**Corporation Number: 704755-0**

**Established: September 19, 2008**

**Motor Carrier (MC) Number: 658548**

**SCAC Number: SEMQ**

**DOT Number: 2952021**

**HST Number: 840370027RT0001**

**CVOR Number: 167-078-673**

**US TAX ID: 98-1289426**

**CTPAT Number: 98147619**

**WSIB Account Number: 4926131**

**US Bond Number: 16C0008N7**

**Broker Bond Number: WM7253481**

**Customs Self Assessment (CSA) & Free and Secure Trade (FAST) Carrier Code: 1Y39**

**SPRINTER**



CSIO		CERTIFICATE OF INSURANCE			DATE (YY/MM/DD)	
<b>BROKER</b> Lyon & Butler Insurance Brokers Ltd. 3100 Rutherford Rd., Suite 401 Vaughan ON L4K 0G6				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.		
<b>BROKER'S CLIENT ID:</b> SPRIEME-01				<b>COMPANIES AFFORDING COVERAGE</b>		
<b>INSURED'S FULL NAME AND MAILING ADDRESS</b> Sprinter Emergency Transport Inc. 3560 Odyssey Dr Unit 5 Mississauga, ON L5M 0Z9				COMPANY <b>A</b> Northbridge Insurance		
				COMPANY <b>B</b> CNA Canada		
				COMPANY <b>C</b>		
				COMPANY <b>D</b>		
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.						
<b>LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</b>						
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)	
<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 checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	2026836	21/03/12	22/03/12	EACH OCCURRENCE	\$ 5,000,000
					GENERAL AGGREGATE	\$ 6,000,000
					PRODUCTS - COMP/OP AGG	\$ 5,000,000
					PERSONAL INJURY	\$ 5,000,000
					TENANT'S LEGAL LIABILITY	\$ 500,000
					MED EXP (Any one person)	\$ 10,000
					NON-OWNED AUTO	\$ 5,000,000
					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
					(Per Occurrence)	\$
					(Aggregate)	\$
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES  <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	2026836	21/03/12	22/03/12	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 5,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
<b>EXCESS LIABILITY</b>					EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <small>(Specify)</small>					AGGREGATE	\$
<b>OTHER LIABILITY (SPECIFY)</b> Motor Truck Cargo Liability					\$2,500 Deductible	250,000
<b>ADDITIONAL INSURED</b> None			<b>DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS</b> Operations usual to the Business of the Named Insured with respect to Common Carrier.			
<b>CERTIFICATE HOLDER</b>  To Whom this May Concern			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 <i>Kim Arndt</i>			PRINT NAME INCLUDING POSITION HELD Kim Arndt, RIBO			
FAX NUMBER 416-913-0038	EMAIL ADDRESS certificate@lyonbutler.com		COMPANY Lyon&Butler Insurance Brokers Ltd.		DATE 21/03/01	
<b>CSIO CERT (6/00)</b>						