



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
To Whom It May Concern	Sprinter Emergency Transport Inc. 3560 Odyssey Dr Unit 5 Mississauga, ON 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)

Trucks- Hauling for Others (include incidental Short-term warehousing)

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.

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 type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/>	Northbridge General Insurance Corp P2026836	2024/ 3 / 12	2025/ 3 / 12	Commercial General Liability		
				Bodily Injury and Property Damage Liability - - General Aggregate		6,000,000
				- Each Occurrence	2,500	5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input type="checkbox"/> Personal Injury Liability		5,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		25,000
				Tenants Legal Liability		1,500,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles	Same as above			Non-Owned Automobile		5,000,000
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
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 Corp P2026836	2024 / 3 / 12	2025 / 3 / 12	Bodily Injury and Property Damage Combined		5,000,000
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Cargo liability <input type="checkbox"/> <input type="checkbox"/>	Continental Casualty Company 2026807	2024 / 3 / 12	2025 / 3 / 12	Each Vehicle		300,000
				Each Accident	2,500	300,000

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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Rai Grant Insurance Brokers 140 Renfrew Drive Suite 230 Markham, Ontario L3R 6B3 BROKER CLIENT ID: SPRI53	

8. CERTIFICATE AUTHORIZATION

Issuer	Rai Grant Insurance Brokers	Contact Number(s)	
Authorized Representative		Type	No
Signature of Authorized Representative		Type Phone	No (905) 475-5800
		Type Fax	No (905) 475-0447
		Date	2024 3 7
		EEmail Address	