CSID CERTIFICATE OF LIABILITY INSURANCE						
This certificate does not amend, extend or alter the coverage afforded by the policies below.						
1. CERTIFICATE HOLDER - NAME AND MA	2. INSURED'S FULL NAME AND MAILING ADDRESS					
To Whom It May Concern			DV Logistics Inc. 4977, Levy St. St-Laurent, Quebec H9R 4A9			
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Transportation / Load Broker						
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						
nerein is subject to all the terms, exclusions a	INSURANCE COMPANY EFFECT			LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
TYPE OF INSURANCE	AND POLICY NUMBER	DATE YYYY/MM/DI	DATE YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF INSURANCE
Commercial General Liability Claims Made OR Occurrence Products and/or completed operations Employer's Liability Cross Liability Waiver of Subrogation Tenants Legal Liability Pollution Liability Extension X Non-Owned Automobiles Hired Automobiles Automobiles Liability Described Automobiles All Owned Automobiles All Owned Automobiles ** All Automobiles leased in excess of 30 days where the insured is required to provide Insurance EXCESS LIABILITY Umbrella Form	665443352 TT CLUB /	2025/10/2	2 2026/10/2	Commercial General Liability Bodily Injury and Property Damage Liability General Aggregate	5,000	2,000,000
OTHER LIABILITY (SPECIFY)				Any One Occurence	5,000	1,000,000
X Cargo Legal Liability	TT CLUB / CNA	2025 / 10 / 2	2 2026/10/2	Any One Occurence	5,000	1,000,000
X Errors & Omissions						
	665443352					
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						
AMBRI Assurances Inc. 6500 Trans-Canadienne Suite 204 St-Laurent (Québec) H4T 1X4 BROKER CLIENT ID: 40398			(Commercial general	Liability - but only with respect to the op	erations of the	Named Insured)
8. CERTIFICATE AUTHORIZATION						
Issuer AMBRI Assurances Inc. Contact Number(s)						
			rpe No rpe No	Type (514) 374-6274 Type	No No (5	14) 374-3312
Signature of Authorized Representative X	Date EMail Address 2025 10 24 rbelleau@ambri.ca					