

Certificate of Insurance

Insurer	Intact Insurance Company
Address	2450 Girouard Street West, St-Hyacinthe, QC J2S 3B3
Insured	
Address	
Broker	
This is to certify to:	
Certificate Holder	
Address	

This certificate is issued as a matter of information only. It certifies that policies of insurance as described below have been issued to the named Insured for the period indicated. The insurance afforded is subject to the terms, conditions and exclusions of the applicable policies.

Yes	No	
X		That the insurance policies described below are presently in force.
		That the coverages of the aforesaid policies are extended to the Certificate Holder indicated above, added as an additional insured, however it is specified that this certificate applies only with regards to the Insured's premises, operations or projects described below.
		It is further agreed that if other valid and collectible insurance is available to the Additional Insured for a bodily injury, property damage or Personal Injury and Advertising Injury covered under this policy, this insurance is primary and non-contributory.
		It is also agreed that the Insurer waives its subrogation rights against this Additional Insured.

Description of the Insured's premises, operations or projects:

Civil Liability Coverages

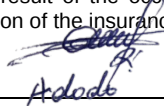
Yes	No	Commercial General Liability – Max Claims made Form	Limitations	Limits of Insurance	Policy No.	Expiry Date
X		Commercial General Liability				
		Bodily Injury and Property Damage – Occurrence Basis	each occurrence	\$ 000 000 CAD		
		Bodily Injury and Property Damage – Claims Made Form	each occurrence	\$ 000 000 CAD		
		Aggregate Limit Product-Completed Operations Hazard	each policy period	\$ 000 000 CAD		
		General Aggregate Limit (other than PCO Hazard)	each policy period	\$ 000 000 CAD N/A		
		Personal Injury and Advertising Injury	any one person	\$ 000 000 CAD N/A		
		Standard Non-Owned Automobile Policy (Q.P.F. 6)	each occurrence	\$ 000 000 CAD N/A		
		Commercial Umbrella Liability	each occurrence	\$ 000 000 CAD		
		Aggregate Limit Product-Completed Operations Hazard	each policy period	\$ 000 000 CAD		

Other Coverages

Yes	No	Limitations	Limits of Insurance	Policy No.	Expiry Date
			\$		
			\$		
			\$		

Note: Only the coverages marked with an "X" in the 1st column are granted.

Except with respect to the reduction of the limits of insurance as a result of the occurrence of an insured loss, the Insurer undertakes to provide the Certificate Holder with _____ days' notice of any reduction or cancellation of the insurance policies.

Date _____ By  _____
BROKER