

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
Transam Carriers Inc.	Transam Carriers Inc
205 Doney Crescent	205 Doney Crescent
Concord ON POSTAL CODE L4K 1P6	Concord ON POSTAL CODE L4K 1P6

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
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"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Aviva Canada 81822701	2021/05/01	2022/05/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$2,000,000
				- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
				MEDICAL PAYMENTS		\$2,500
				TENANTS LEGAL LIABILITY		\$2,000,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Aviva Canada 81822701	2021/05/01	2022/05/01	NON OWNED AUTOMOBILE		\$2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" 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	Aviva Canada 6741254599	2021/05/01	2022/05/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
OTHER (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo <input checked="" type="checkbox"/> Excess Motor Truck Cargo <input checked="" type="checkbox"/> Physical Damage -All Perils <input checked="" type="checkbox"/> OPCF 27B LegalLiab NonOwned <input checked="" type="checkbox"/> OPCF 21B Blanket Fleet <input type="checkbox"/>	Aviva Canada 81822701	2021/05/01	2022/05/01	incl reefer breakdown	\$2,500	\$125,000
				incl reefer breakdown	\$125K	\$500,000
				Tractors/Trailers	\$2,500	
				Tractors/Trailers	\$2,500	\$125,000
				Included		

5. CANCELLATION

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 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 (but only with respect to the operations of the Named Insured)
NFP Canada Corp.	
35 Stone Church Road	
3rd Floor	
Ancaster ON POSTAL CODE L9K1S5	

BROKER CLIENT ID:

8. CERTIFICATE AUTHORIZATION	POSTAL CODE
ISSUER	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE Heather Williamson	TYPE Phone NO. 905-648-3922 TYPE NO.
	TYPE Fax NO. 905-648-6980 TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2021/04/16 EMAIL ADDRESS nfpcanadadtgtranscert@nfp.com