

# 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.**

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>
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		
<b>COMMERCIAL GENERAL LIABILITY</b> <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	2019/05/01	2020/05/01	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	2019/05/01	2020/05/01	NON OWNED AUTOMOBILE		\$2,000,000		
<b>AUTOMOBILE LIABILITY</b> <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	2019/05/01	2020/05/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000		
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
<b>OTHER (SPECIFY)</b> <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	2019/05/01	2020/05/01	incl reefer breakdown	\$10000	\$125,000		
	Aviva Canada 81822736	2019/05/01	2020/05/01	incl reefer breakdown	\$125K	\$500,000		
	Aviva Canada 6741254599	2019/05/01	2020/05/01	Tractors/Trailers	\$10000			
	Aviva Canada 6741254599	2019/05/01	2020/05/01	Tractors/Trailers	\$10000	\$125,000		
	Aviva Canada 6741254599	2019/05/01	2020/05/01	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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)</b>
DALTON TIMMIS INS. GROUP, INC.	
35 Stone Church Rd., 3rd flr.	
Ancaster ON POSTAL CODE L9K 1S5	
<b>BROKER CLIENT ID:</b>	POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>	
ISSUER	CONTACT NUMBER(S) TYPE Phone NO. 905-648-3922 TYPE NO. TYPE Fax NO. 905-648-6980 TYPE NO.
AUTHORIZED REPRESENTATIVE Heather Williamson	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2019/06/03 EMAIL ADDRESS transcert@daltontimmis.com