



CERTIFICATE OF LIABILITY INSURANCE

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
Proof Of Insurance Only	Ontario New England Express Inc. 8450 Lawson Rd. Unit 1&2 Milton ON L9T 0J8

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Insured Operations: Transportation/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 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 checked="" type="checkbox"/> Employer's Liability <input checked="" type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input checked="" type="checkbox"/> 21B Blanket Fleet <input checked="" type="checkbox"/> OPCF5 Perm. to Rent/Lease	AIG Insurance Company of Canada RMGL9897602	2018/ 8 / 1	2019/ 8 / 1	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence		1,000,000				
				Products and Completed Operations Aggregate		1,000,000				
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability		1,000,000				
				Medical Payments		10,000				
				Tenants Legal Liability		1,000,000				
				Pollution Liability Extension						
				21B Blanket Fleet						
				OPCF5 Perm. to Rent/Lease						
				<input checked="" type="checkbox"/> Non-Owned Automobiles	RMGL9897602 AIG	2018/ 8 / 1	2019/ 8 / 1	Non-Owned Automobile		1,000,000
				<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
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	AIG Insurance Company of Canada RMBA12670838	2018 / 8 / 1	2019 / 8 / 1	Bodily Injury and Property Damage Combined		1,000,000				
				Bodily Injury (Per Person)						
				Bodily Injury (Per Accident)						
				Property Damage						
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/>	Aviva Insurance Company of Canada CONV0030	2018 / 8 / 1	2019 / 8 / 1	Each Occurrence		4,000,000				
				Aggregate						
				Self Insured Retention		10,000				
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Cargo <input type="checkbox"/> & Aviva CMP81717158 <input type="checkbox"/> <input type="checkbox"/>	AIG Insurance Company of Canada RMBC29331550	2018 / 8 / 1	2019 / 8 / 1	Cargo	2,500	500,000				
				Aug 1/18-Aug 1/19						

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)
Stoneridge Insurance Brokers 3-1336 Sandhill Dr Ancaster, Ontario L9G 4V5 BROKER CLIENT ID: ONE440	

8. CERTIFICATE AUTHORIZATION			
Issuer	Stoneridge Insurance Brokers	Contact Number(s)	
Authorized Representative	Connie Carter	Type No	Type TollFree No
Signature of Authorized Representative		Type Business No (905) 648-6767	Type Fax No (905) 648-7399
	2018 7 26	Date	EEmail Address
		2018 7 26	carter@stoneridgeinsurance.ca