

# CERTIFICATE OF INSURANCE

**DATE**  
**MAR 28/10**

**BROKER**  
  
**Safety Insurance Group**  
2150 Islington Avenue, Suite 400  
Toronto, Ontario, Canada M9P 3V4  
Tel: 416-259-4625 ~ Fax: 416-259-7178

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

**INSURED**

**COMPANIES AFFORDING COVERAGE**

**MORTRANS INC.**  
**P.O. BOX 1035**  
**BELLEVILLE, ON K8N 5B6**

COMPANY A	<b>MARKEL INSURANCE COMPANY</b>
COMPANY B	
COMPANY C	
COMPANY D	

**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 requirement, term or condition 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 exclusions and conditions of such policies.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS**

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)	POLICY EXPIRATION DATE (YYYY/MM/DD)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b>	2018098	2010/03/28	2011/03/28	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS MADE				GENERAL AGGREGATE	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> OCCURRENCE				PRODUCTS COMPLETED OPERATIONS AGGREGATE	
					PERSONAL INJURY	
					TENANT'S LEGAL LIABILITY	
A	<b>AUTOMOBILE LIABILITY</b>	2018098	2010/03/28	2011/03/28	BODILY INJURY & PROPERTY INCLUSIVE LIMITS	<b>\$2,000,000</b>
	<input type="checkbox"/> DESCRIBED AUTOMOBILES					
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					
	<input checked="" type="checkbox"/> LEASED AUTOS, OPCF 5					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS, SPF 6					
	<input checked="" type="checkbox"/> OPCF 21B - BLANKET					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	<b>OTHER</b>	2018098	2010/03/28	2011/03/28	<input checked="" type="checkbox"/> PHYSICAL DAMAGE - Company	<b>ALL PERILS DEDUCTIBLE: \$100,000</b>
	<input checked="" type="checkbox"/> PHYSICAL DAMAGE - Broker				<b>ALL PERILS DEDUCTIBLE: \$25,000</b>	
	<input checked="" type="checkbox"/> NON-OWNED TRACTORS, 27(B)				LIMIT PER TRACTOR:	<b>\$100,000</b>
	<input checked="" type="checkbox"/> NON-OWNED TRAILERS, 27(B)				LIMIT PER TRAILER:	<b>\$25,000</b>
	<input checked="" type="checkbox"/> MOTOR TRUCK CARGO (All Risk)				DED. <b>\$50,000</b> ~ LIMIT:	<b>\$1,000,000</b>

**DESCRIPTION OF OPERATIONS / SPECIAL CONDITIONS / OTHER :** *Note: Limits are Stated in **CANADIAN Dollars***

**USUAL TO A TRUCKMAN / COMMON CARRIER. ALL COMMERCIAL VEHICLES OWNED / OPERATED BY OR ON BEHALF OF THE NAMED INSURED. \*\* REEFER BREAKDOWN IS NOT EXCLUDED \*\***

**CERTIFICATE HOLDER**

**CANCELLATION**

Attn: Email/Fax:

**SPECIMEN**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail **30 days** written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVE:

*England*