



# CERTIFICATE OF 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>2A. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
GOERGE KENT HOME IMPROVEMENTS LTD		GEORGE KENT HOME IMPROVEMENTS LTD	
1-6350 TOMKEN RD		1-6350 TOMKEN RD MISSISSAUGA ON L5T1Y3	
MISSISSAUGA ON		<b>2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS</b> (but only with respect to the operations of the Named Insured)	
POSTAL CODE L5T 1Y3	SALES / ROOFING WINDOWS / INSULATION CONTRACTOR		

**3. 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 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"/> 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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION CONTENTS BROAD FORM	TRAVELERS # CCP2276469	2019/07/15	2020-07-15	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY NON OWNED AUTOMOBILE	2,500	5,000,000 5,000,000 5,000,000 500,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> <input type="checkbox"/> ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

**4. 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, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>5. BROKER'S FULL NAME AND MAILING ADDRESS</b>		<b>6. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b>	
AMG INSURANCE BROKERS LTD		GEORGE KENT HOME IMPROVEMENTS LTD	
604-555 BURNHAMTHORPE RD			
ETOBICOKE ON	POSTAL CODE M9C 2Y3	1-6350 TOMKEN RD	
BROKER'S CLIENT ID:		MISSISSAUGA ON	POSTAL CODE L5T 1Y3

<b>7. CERTIFICATE AUTHORIZATION</b>			
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME MARK CERKOWNYK	POSITION HELD BROKER	DATE 2019/07/15
COMPANY AMG INSURANCE BROKERS	EMAIL ADDRESS MARKC@PBNET.CA	CONTACT NUMBER HOME BUSINESS	CELL (416) 402-1166 FAX