

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.

INSURED'S FULL NAME AND MAILING ADDRESS

Stumps 'R' Us
220 Edward St
St. Thomas, Ontario
N5P 1Z5

BROKER'S FULL NAME AND MAILING ADDRESS

McFarlan Rowlands Insurance Brokers Inc.
581 Talbot St
St Thomas, Ontario

BROKER'S CLIENT ID: 272123

POSTAL CODE: N5P 1C5

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)																					
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Nova Mutual Insurance Company 26636C01	2024-03-04	2025-03-04		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td style="text-align: right;">\$ 6,000,000</td></tr> <tr><td>PERSONAL INJURY</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>TENANTS LEGAL LIABILITY</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 25,000</td></tr> <tr><td>NON-OWNED AUTO</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>OPTIONAL POLLUTION LIABILITY EXTENSION</td><td style="text-align: right;">\$</td></tr> <tr><td>(Per Occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>(Aggregate)</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 5,000,000	GENERAL AGGREGATE	\$	PRODUCTS-COMP/OP AGG	\$ 6,000,000	PERSONAL INJURY	\$ 5,000,000	TENANTS LEGAL LIABILITY	\$ 500,000	MED EXP (Any one person)	\$ 25,000	NON-OWNED AUTO	\$ 5,000,000	OPTIONAL POLLUTION LIABILITY EXTENSION	\$	(Per Occurrence)	\$	(Aggregate)	\$
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AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES <small>** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> </table>	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$												
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DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

Re: Evidence of Insurance
Operations usual to the Insured – Stump Removal & Tree Cutting & Removal

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS

To Whom it May Concern

CANCELLATION

Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 15 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE



PRINT NAME INCLUDING POSITION HELD

Kevin Rivard, Broker

FAX NUMBER: (519) 679-2226

EMAIL ADDRESS: krivard@mcf.ca

COMPANY: McFarlan Rowlands Insurance Brokers Inc.

DATE: 2024-05-16