

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	BROKER'S FULL NAME AND MAILING ADDRESS	
Stumps 'R' Us 220 Edward St St. Thomas, Ontario N5P 1Z5	McFarlan Rowlands Insurance Brokers Inc. 581 Talbot St St Thomas, Ontario	
	BROKER'S CLIENT ID: 272123	POSTAL CODE: N5P 1C5

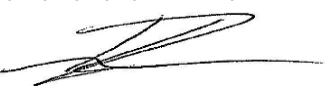
COVERAGES

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	2025-03-04	2026-03-04	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)	\$
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>				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$
				BODILY INJURY (Per Person)	\$
				BODILY INJURY (Per Accident)	\$
				PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify)				EACH OCCURRENCE	\$
				AGGREGATE	\$
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>					

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	CANCELLATION
To Whom it May Concern	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 Charles Roloson, Broker
FAX NUMBER: (519) 679-2226	DATE: 2025-03-18
EMAIL ADDRESS: croloson@mcfir.ca	COMPANY: McFarlan Rowlands Insurance Brokers Inc.