


# CERTIFICATE OF INSURANCE

DATE

22/11/2019

**BROKER**  
  
**JONES DESLAURIERS**  
 INSURANCE MANAGEMENT INC.  
**JONES DESLAURIERS INSURANCE MGMT INC**  
 2375 Skymark Ave  
 Mississauga, Ontario, L4W 4Y6  
 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**

**M & J LOGISTICS INC**  
 90 EDILCAN DRIVE, UNIT #2  
 CONCORD, ON, L4K 3S5

**COMPANIES AFFORDING COVERAGE**

<b>COMPANY A</b>	<b>INTACT INSURANCE COMPANY</b>
<b>COMPANY B</b>	<b>OLD REPUBLIC INSURANCE COMPANY OF CANADA</b>
<b>COMPANY C</b>	

**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	
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>	<b>501411180</b>	<b>2019/09/23</b>	<b>2020/09/23</b>	PER OCCURRENCE	<b>\$2,000,000</b>
	<input type="checkbox"/> CLAIMS MADE				BODILY INJURY & PROPERTY DAMAGE INCLUSIVE LIMITS	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS				PRODUCTS / COMPLETED OPERATIONS AGGREGATE	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> PERSONAL INJURY				PERSONAL INJURY	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY				EMPLOYERS' LIABILITY	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE, SPF 6				NON-OWNED AUTOMOBILE	<b>\$2,000,000</b>
<b>A</b>	<b>AUTOMOBILE</b>	<b>7305142825</b>	<b>2019/09/23</b>	<b>2020/09/23</b>		
	<input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES				THIRD PARTY LIABILITY	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> ALL OWNED AUTOS, 23A					
	<input checked="" type="checkbox"/> LEASED AUTOMOBILES, OPCF 5					
	<input type="checkbox"/> OPCF 21B - BLANKET					
<b>B</b>	<b>AUTOMOBILE FLEET</b>	<b>T36068B</b>	<b>2019/09/23</b>	<b>2020/09/23</b>		
	<input checked="" type="checkbox"/> UMBRELLA FORM				THIRD PARTY LIABILITY	<b>\$2,000,000</b>
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	
<b>A</b>	<b>OTHER (SPECIFY)</b>	<b>7305142825</b>	<b>2019/09/23</b>	<b>2020/09/23</b>		
	<input checked="" type="checkbox"/> PHYS DAM TRACTORS				<b>ALL PERILS DEDUCTIBLE:</b>	<b>\$5,000</b>
	<input checked="" type="checkbox"/> PHYS DAM TRAILERS				<b>ALL PERILS DEDUCTIBLE:</b>	<b>\$2,500</b>
	<input checked="" type="checkbox"/> PHYS DAM PPV & LSV				<b>ALL PERILS DEDUCTIBLE:</b>	<b>\$1,000</b>
	<input checked="" type="checkbox"/> NON-OWNED TRAILERS 27(B)	<b>7305142825</b>	<b>2019/09/23</b>	<b>2020/09/23</b>	DED. \$5,000 LIMIT:	<b>\$50,000</b>
<b>A</b>	<input checked="" type="checkbox"/> MOTOR TRUCK CARGO (All Risk)	<b>501411180</b>	<b>2019/09/23</b>	<b>2020/09/23</b>	DED. \$1,000 LIMIT:	<b>\$250,000</b>

**DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL CONDITIONS/OTHER:** Note: Limits are Stated in CANADIAN FUNDS.

**\*\*COVERAGE APPLIES WHERE LIMITS ARE SHOWN\*\***

Description of Operations: Usual to a Truckman/Common Carrier. All Automobiles owned by and licensed in the name of the Insured, or leased for a period in excess of 30 days on which the Insured as Lessee is required to insure under a written lease agreement. THIS IS A SCHEDULED POLICY.

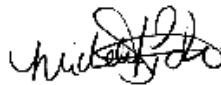
**CERTIFICATE HOLDER**

**\*SPECIMEN\***

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail **15 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



JONES DESLAURIERS INSURANCE MGMT INC

Certificate # **3**