

# CERTIFICATE OF INSURANCE

**DATE**  
(MM/DD/YYYY)  
12/27/2019

**BROKER** **Jones DesLauriers Insurance Management Inc.**  
 2375 Skymark Avenue  
 Mississauga, ON 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**

**COMPANIES AFFORDING COVERAGE**

**F.A. International Inc.**  
 165 The Queensway  
 Etobicoke, Ontario  
 M8Y 1E7

<b>COMPANY A</b>	Economical Mutual through SUM Underwriting
<b>COMPANY B</b>	Certain Underwriters at Lloyds of London, Contract # 18B01385
<b>COMPANY C</b>	ACE-INA through SUM Underwriting
<b>COMPANY D</b>	Intact Insurance Company

**COVERAGE**

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.**

	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>40081790</b>	<b>2019/11/30</b>	<b>2020/11/30</b>		
	<input type="checkbox"/> CLAIMS MADE				BODILY INJURY AND PROPERTY DAMAGE, EACH OCCURRENCE	<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 AND ADVERTISING INJURY				PERSONAL AND ADVERTISING INJURY	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> EMPLOYERS' LIABILITY				EMPLOYERS' LIABILITY	<b>\$2,000,000</b>
	<input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	<b>\$100,000</b>
	<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE				NON-OWNED AUTOMOBILE	<b>\$2,000,000</b>
<b>B</b>	<b>EXCESS LIABILITY</b>	<b>3850088</b>	<b>2019/11/30</b>	<b>2020/11/30</b>		
	<input checked="" type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	<b>\$7,000,000</b>
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	<b>\$7,000,000</b>
<b>C</b>	<b>CONTINGENT CARGO</b>					
	<input checked="" type="checkbox"/> TRANSPORTATION BROKERS LEGAL LIABILITY \$5,000 Deductible	<b>SUM-LOG-09353-002</b>	<b>2019/11/30</b>	<b>2020/11/30</b>	LIMIT:	<b>\$250,000</b>
	<input checked="" type="checkbox"/> LOAD BROKERS ERRORS AND OMISSIONS	<b>SUM-LOG-02814-005</b>	<b>2019/11/30</b>	<b>2020/11/30</b>	LIMIT:	<b>\$250,000</b>
<b>D</b>	<b>COMMERCIAL AUTOMOBILE</b>	<b>730515066</b>	<b>2019/12/31</b>	<b>2020/12/31</b>		
	<input checked="" type="checkbox"/> THIRD PARTY LIABILITY				LIMIT:	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> PHYSICAL DAMAGE				ALL PERILS DEDUCTIBLE (TRAILERS):	<b>\$2,500</b>
	<input checked="" type="checkbox"/> LEGAL LIABILITY FOR DAMAGE TO NON-OWNED AUTOMOBILES INCLUDING TRAILERS, OPCF 27B				ALL PERILS DEDUCTIBLE (TRAILERS):	<b>\$2,500</b>
	<input checked="" type="checkbox"/> PERMISSION TO RENT OR LEASE, OPCF 5					<b>INCLUDED</b>

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

Description of Operations: All operations of the named insured as a Load Broker.

**EVIDENCE OF INSURANCE**

**CERTIFICATE HOLDER**

**CANCELLATION**

Attn: Fax/Email:  
  
**~ SPECIMEN: TO WHOM IT MAY CONCERN**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail **(0) 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 Management Inc.

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