

# Certificate of Insurance

Intact Insurance Company

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> General Proof of Insurance  POSTAL CODE:	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b> Transform Tree and Schrub Care 457518 Conc 8 S, Owen Sound, ON  POSTAL CODE: N4K5N8
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<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES</b> (but only with respect to the operations of the Named Insured) Operations usual to an aborist
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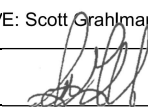
<b>4. COVERAGES</b> This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or 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
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TYPE OF INSURANCE	POLICY NO.	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
				COVERAGE	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> LR02 OR <input checked="" type="checkbox"/> LR20 <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> TENANTS LEGAL LIABILITY	501225WFC	2025/03/11	2026/03/11	<b>COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY</b>  - GENERAL AGGREGATE - EACH OCCURRENCE	\$5,000,000 \$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$5,000,000
				<input checked="" type="checkbox"/> PERSONAL INJURY AND ADVERTISING INJURY LIABILITY - Any one person or organization	\$5,000,000
				MEDICAL PAYMENTS – Any one person	\$50,000
				TENANTS LEGAL LIABILITY – Any one premises	\$500,000
				NON- OWNED AUTOMOBILE	\$5,000,000
<input type="checkbox"/> NON-OWNED AUTOMOBILES  <input type="checkbox"/> Pollution Liability Exclusion Standard <input type="checkbox"/> Limited – 120 hours <input type="checkbox"/> Other					
<b>OTHER COVERAGES (SPECIFY)</b>					

<b>5. CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the insurer will endeavor to mail <u>30</u> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
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<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b> CMR Insurance 1230 2 <sup>nd</sup> Avenue East Owen Sound, ON POSTAL CODE: N4K 2J3 BROKER CLIENT ID:	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability – but only with respect to the operations of the Named Insured)  POSTAL CODE:
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If Section 7 is completed, the policy must be endorsed or contain specific language providing Additional Insured status and such status shall only apply to the extent indicated in such endorsement or policy language.

<b>8. CERTIFICATE AUTHORIZATION</b>			
ISSUER: CMR Insurance	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE: Scott Grahman	TYPE	NO.	TYPE NO.
	TYPE	NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE: 	EMAIL ADDRESS: sgrahman@cmrinsurance.com		DATE (YYYY/MM/DD) 2025/02/03