



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.

1. CERTIFICATE HOLDER – NAME AND MAILING ADDRESS General Proof of Insurance POSTAL CODE:	2. INSURED'S FULL NAME AND MAILING ADDRESS Transform Tree and Schrub Care 457518 Conc 8 S, Owen Sound, ON POSTAL CODE: N4K 5N8
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3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured) Operations usual to an aborist
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4. 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 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. <div style="text-align: right;">LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</div>
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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
COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY	501225WFC	2024/03/11	2025/03/11	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$5,000,000
				- EACH OCCURRENCE	\$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
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	501225WFC	2024/03/11	2025/03/11	NON- OWNED AUTOMOBILE	\$5,000,000
<input type="checkbox"/> Pollution Liability Exclusion Standard <input type="checkbox"/> Limited – 120 hours <input type="checkbox"/> Other					
OTHER COVERAGES (SPECIFY)					

5. CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the insurer will endeavor to mail 30 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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6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS Chatsworth Insurance Brokers Limited 1230 2 nd Avenue East Owen Sound, ON POSTAL CODE: N4K 2J3 BROKER CLIENT ID:	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (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.

8. CERTIFICATE AUTHORIZATION				
ISSUER: Chatsworth Insurance Brokers Limited	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE: Scott Gramman	TYPE	NO.	TYPE	NO.
	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	EMAIL ADDRESS: info@chatsworthinsurance.ca		DATE (YYYY/MM/DD) 2024/02/27	