



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
	Klearview Window Cleaners 1287 Treeland St., Burlington, ON L7R3T6

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

ALL OPERATIONS USUAL TO THAT OF THE INSUREDS BUSINESS.

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 the 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)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input checked="" type="checkbox"/> Employer's Liability <input checked="" type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Economical Mutual Insurance 4950467P	2017/ 8 / 4	2018/ 8 / 4	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 Liability		5,000,000
				<input type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		25,000
				Tenants Legal Liability		250,000
				Pollution Liability Extension		
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance				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"/>				Each Occurrence		
				Aggregate		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company 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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Spriggs (Milton) 216 Main Street East Milton, ON L9T 1N8 BROKER CLIENT ID: TOMD01	

8. CERTIFICATE AUTHORIZATION

Issuer	Spriggs (Milton)	Contact Number(s)	
Authorized Representative	John Duignan, Manager	Type	No
Signature of Authorized Representative		Type	No
		Date	2017 8 3
		E-Mail Address	jdulgna@spriggs.ca