


# CERTIFICATE OF INSURANCE

**DATE**  
(YYYY/MM/DD)  
**JULY 1/17**

**BROKER**  
 **Safety Insurance Service (1959) Ltd**  
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	COMPANIES AFFORDING COVERAGE	
<b>TRIPLE K TRANSPORT LTD AND POOL CREEK MANAGEMENT LTD</b> 6640 HAZELDEAN ROAD, P.O. BOX 179 STITTSVILLE, ON K2S 1A3	COMPANY A	NORTHBRIDGE GENERAL INSURANCE CORPORATION
	COMPANY B	
	COMPANY C	
	COMPANY D	

**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. **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>2000293</b>	<b>2017/07/01</b>	<b>2018/07/01</b>	PER OCCURRENCE	
	<input type="checkbox"/> CLAIMS MADE				BODILY INJURY & PROPERTY DAMAGE INCLUSIVE LIMITS	
	<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>\$600,000</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>2000293</b>	<b>2017/07/01</b>	<b>2018/07/01</b>	THIRD PARTY LIABILITY	<b>\$2,000,000</b>
	<input type="checkbox"/> DESCRIBED AUTOMOBILES					
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					
	<input checked="" type="checkbox"/> LEASED AUTOMOBILES, OPCF 5					
	<input checked="" type="checkbox"/> OPCF 21A - BLANKET					
<b>A</b>	<b>GARAGE LIABILITY</b>	<b>2000293</b>	<b>2017/07/01</b>	<b>2018/07/01</b>	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> CUSTOMER'S AUTOS				GENERAL AGGREGATE	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> COLLISION, CUSTOMERS AUTOS				DED. ~\$20,000 LIMIT:	<b>\$100,000</b>
	<input checked="" type="checkbox"/> SPEC. PERILS, CUSTOMERS AUTOS				DED. ~\$20,000 LIMIT:	<b>\$200,000</b>
<b>A</b>	<b>OTHER (SPECIFY)</b>	<b>2000293</b>	<b>2017/07/01</b>	<b>2018/07/01</b>	ALL PERILS DEDUCTIBLE:	<b>\$20,000</b>
	<input checked="" type="checkbox"/> PHYS DAM-COMM UNITS.				ALL PERILS DEDUCTIBLE:	<b>\$1,000</b>
	<input checked="" type="checkbox"/> PHYS DAM-LIGHT COMM/PPV.				DED. \$20,000 ~ LIMIT:	<b>\$75,000</b>
	<input checked="" type="checkbox"/> NON-OWNED TRAILERS, 27(B)				DED. \$20,000 ~ LIMIT:	<b>\$1,000,000</b>
	<input checked="" type="checkbox"/> MOTOR TRUCK CARGO (All Risk)	<b>2000293</b>	<b>2017/07/01</b>	<b>2018/07/01</b>		

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

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. MPCF 5G COVERS UNDER 30 DAY RENTAL TRAILERS

**CERTIFICATE HOLDER**


Attn: \_\_\_\_\_ Fax: \_\_\_\_\_

\* S P E C I M E N \*

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail **30 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:**  
Safety Insurance Service (1959) Ltd



Certificate # **2**