



# CERTIFICATE OF LIABILITY INSURANCE

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>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
To Whom It May Concern		Austin's Courier Service	
		1815 N. Service Road West	
		Swift Current	Saskatchewan
	POSTAL CODE		POSTAL CODE S9H 3T2

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

Storage Warehouses and Hauling of General Merchandise, Machinery, Chemicals, General Agro Products, Grocery Products, Hot Shotting, General Oilfield Commodities excluding any hauling in or to the U.S.A.

#### 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.

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
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	SGI CANADA - C70088558-2	2020/04/15	2021/04/15	COMMERCIAL GENERAL LIABILITY	\$2,500	
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		\$5,000,000
				- EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				<input checked="" type="checkbox"/> PERSONAL INJURY LIABILITY		\$5,000,000
				OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		\$2,500
TENANTS LEGAL LIABILITY		\$100,000				
POLLUTION LIABILITY EXTENSION						
NON OWNED AUTOMOBILE						
<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	SGI CANADA - T31001680-6	2020/04/15	2021/04/15	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000
				BODILY INJURY (PER PERSON)		\$2,000,000
				BODILY INJURY (PER ACCIDENT)		\$2,000,000
				PROPERTY DAMAGE		\$2,000,000
				EACH OCCURRENCE		
AGGREGATE						
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>	SGI CANADA - C70088558-2	2020/04/15	2021/04/15	All Perils		\$750,000
				Liability		\$2,000,000
				All Perils		\$30,000

#### 5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail \_\_\_\_\_ 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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (but only with respect to the operations of the Named Insured)	
W.W. Smith Insurance Insurance Ltd			
208 Central Avenue N			
Swift Current	SK	POSTAL CODE S9H 0L2	
BROKER CLIENT ID: AUSTI-1			POSTAL CODE

#### 8. CERTIFICATE AUTHORIZATION

ISSUER W.W. Smith Insurance Insurance Ltd	CONTACT NUMBER(S) TYPE Main NO. (306) 773-1547 TYPE Fax NO. (306) 773-0575
AUTHORIZED REPRESENTATIVE Paul Hegglin, CIP	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Paul Hegglin</i>	DATE April 14, 2020 EMAIL ADDRESS paul@wwsmith.ca