CSIO CERT	CERTIFICATE OF INSURANCE						DATE (YY/MM/DD	
BROKER Dan Lawrie Insurance Brokers Ltd. 105 Main St. E., 14th Floor			This certifica	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 after the coverage afforded by the policies below.				
Hamilton, ON L8N 10	6		extend or alte				521	
BROKER'S CLIENTID: BRANTO4			COMPANY	COMPANIES AFFORDING COVERAGE				
			A E	COMPANY Economical Insurance				
INSURED'S FULL NAME AND MAILING ADDRESS Knechtel Bros (2012) Ltd 366 Grand River Avenue Brantford, ON N3T 4Y8			COMPANY	COMPANY				
			COMPANY					
UI 22			COMPANY				090.	
			COVERAGES					
This is to certify that the policies of insurant contract or other document with respect to conditions of such policies.	e listed which th	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	ured named above for the poli- pertain. The Insurance afford IOWN MAY HAVE I	very by file policies de	SCHOOL DEPOIN IS AUDIONES	-11 th - 4	or condition of an	
TYPE OF INSURANCE	CO	POLICY NUMBER		POLICY EXPIRATION DATE (YY/MM/DD)		S OF LIABI	LITY	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	S		
CLAIMS MADE OR X OCCURRENC  X PRODUCTS AND OR COMPLETED OPERATION	1	040021217P	12/01/01	13/01/01	GENERAL AGGREGATE	-	200000	
The second secon	A	040021217P	12/01/01	13/01/01	PRODUCTS - COMP/OP		200000	
X CROSS LIABILITY					PERSONAL INJURY	*	200000	
X CROSS LIABILITY X TENANT'S LEGAL LIABILITY	A	040021217P	12/01/01	13/01/01	TENANT'S LEGAL LIABI	UTY S	25000	
X NON-OWNED	A	040021217P	12/01/01	13/01/01	MED EXP (Any one person		2500	
HIRED	A	040021217P	12/01/01	13/01/01	NON-OWNED AUTO	s	200000	
POLLUTION LIABILITY EXTENSION					OPTIONAL POLLUTION LIABILITY EXTENSION	\$	200000	
<u> </u>			1 . 1		(Per Occurrence)	\$		
DESCRIBED AUTOMOBILES					(Aggregate) BODILY INJURY PROPERTY DAMAGE COMBINED	\$		
ALL OWNED AUTOS LEASED AUTOMOBILES					BODILY INJURY (Per person)	\$		
					BODILY INJURY (Per accident)	\$		
				-	PROPERTY DAMAGE	\$		
"ALL AUTOMOBILES LEASED IN EXCESS OF 18 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				. 1				
EXCESS LIABILITY					F40U 000			
UNBRELLA FORM				-	EACH OCCURRENCE	\$		
OTHER THAN UMBRELLA FORM				l'	AGGREGATE	\$		
OTHER LIABILITY (SPECIFY)		V)				_		
ADDITIONAL INSURED THE Corporation of Norfolk			DESCRIPTION OF O	PERATIONS/LOCAT	IONS/AUTOMOBILES/SPE	CIAL ITEM	S	
County 0 Colborne Street South Simcoe, ON N3Y 4H3		5	with respect to the named insi unchanged.	noider is adde the liability ar ured. All other	ed as Additional In ising out of the op terms and conditi	sured b eration ons ren	ut only s usual to nain	
ERTIFICATE HOLDER ne Corporation of Norfolk				CANCELLATION				
O Colborne Street South			sxpiration date ther 30 days written	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail days written notice to the certificate holder named to the left,				
GNATURE OF AUTHORITES STATEMENT			of any kind upon the	company, its arent	ose no obligation or liabilit s or representatives,	У		
GNATURE OF AUTHORIZED REPRESENTATI			Malinda Kong Client Service Br	ING POSITION HELE	)			
NUMBER EMAIL ADDRESS			COMPANY	COMPANY DATE				
	lawrie.com	Dan Lawrie Insur	Dan Lawrie Insurance Brokers 12/08/23					
SIO CERT (2000/06)		No.			12/0	10123		