

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)
12/01/12

BROKER

O'Grady & Associates Insurance

40 Young St.
Simcoe, ON

N3Y 1Y5

BROKER'S CLIENT ID: THEVE-1

INSURED'S FULL NAME AND MAILING ADDRESS

The Ventin Group

50 Dalhousie Street
Brantford, ON N3T 2H8

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.

COMPANIES AFFORDING COVERAGE

COMPANY A Intact Insurance

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.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 5000000
CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE					GENERAL AGGREGATE \$ 5000000
<input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS	A	501180951	12/01/01	13/01/01	PRODUCTS - COM/OP AGG \$ 5000000
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY					PERSONAL INJURY \$ 5000000
<input checked="" type="checkbox"/> CROSS LIABILITY					TENANT'S LEGAL LIABILITY \$ 2000000
<input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY					MED EXP (Any one person) \$ 10000
<input checked="" type="checkbox"/> NON-OWNED					NON-OWNED AUTO \$ 5000000
<input type="checkbox"/> HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION \$
POLLUTION LIABILITY EXTENSION					(Per Occurrence) \$
					(Aggregate) \$
AUTOMOBILE LIABILITY					BODILY INJURY PROPERTY DAMAGE COMBINED \$
DESCRIBED AUTOMOBILES					BODILY INJURY (Per person) \$
ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
LEASED AUTOMOBILES					PROPERTY DAMAGE \$
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					
EXCESS LIABILITY					EACH OCCURRENCE \$
UMBRELLA FORM					AGGREGATE \$
OTHER THAN UMBRELLA FORM					
(Specify)					
OTHER LIABILITY (SPECIFY)					

ADDITIONAL INSURED The Corporation of Norfolk County 50 Colborne St., S. Simcoe, ON N3Y 4H3	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS Architect's Office
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CERTIFICATE HOLDER The Corporation of Norfolk Country 50 Colborne St., S. Simcoe, ON N3Y4H3	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 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.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Darlene Embury</i>	PRINT NAME INCLUDING POSITION HELD Darlene Embury Broker
FAX NUMBER 519-426-7204	COMPANY O'Grady & Associates
EMAIL ADDRESS darlene@ogradiyinsure.com	DATE 12/01/12

CSIO CERT (6/00)

OP ID DE

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