

# CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)

12/10/11

BROKER

Moore-McLean Insurance Group

6 George St S  
Brampton, ON

L6Y 1P3

BROKER'S CLIENT ID: FIREM-1

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 Economical Insurance

COMPANY B XN Financial Services Canada

COMPANY C

COMPANY D

INSURED'S FULL NAME AND MAILING ADDRESS  
FIREMEN MOVERS INC

170 BROCKPORT DR., UNIT 103  
ETOBICOKE, ON M9W 5S1

## 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		A	40029667	12/03/26	13/03/26	EACH OCCURRENCE	\$ 1000000
<input type="checkbox"/>	CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE					GENERAL AGGREGATE	\$ 1000000
<input checked="" type="checkbox"/>	PRODUCTS AND / OR COMPLETED OPERATIONS					PRODUCTS - COMP/OP AGG	\$ 1000000
<input checked="" type="checkbox"/>	EMPLOYERS'S LIABILITY					PERSONAL INJURY	\$ 1000000
<input checked="" type="checkbox"/>	CROSS LIABILITY					TENANT'S LEGAL LIABILITY	\$ 250000
<input checked="" type="checkbox"/>	TENANT'S LEGAL LIABILITY					MED EXP (Any one person)	\$ 25000
<input checked="" type="checkbox"/>	NON-OWNED					NON-OWNED AUTO	\$ 1000000
<input checked="" type="checkbox"/>	HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION	\$ N/A
<input type="checkbox"/>	POLLUTION LIABILITY EXTENSION					(Per Occurrence)	\$ N/A
						(Aggregate)	\$ N/A
AUTOMOBILE LIABILITY		A	64000960	12/03/26	13/03/26	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 1000000
<input checked="" type="checkbox"/>	DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input type="checkbox"/>	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/>	LEASED AUTOMOBILES					PROPERTY DAMAGE	\$
<input type="checkbox"/>	AS PER POLICY						
<input type="checkbox"/>							
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE							
EXCESS LIABILITY		B	MMI01029	12/07/01	13/07/01	EACH OCCURRENCE	\$ 4000000
<input checked="" type="checkbox"/>	UMBRELLA FORM					AGGREGATE	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM						
(Specify) _____							
OTHER LIABILITY (SPECIFY) N/A		A	N/A				

ADDITIONAL INSURED  
N/A

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS  
FOR PROOF OF INSURANCE

CERTIFICATE HOLDER  
TO WHOM IT MAY CONCERN

## CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail XX 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

Moore-McLean Insurance Group Ltd.  
per 

PRINT NAME INCLUDING POSITION HELD

SUZIE SINGH

REGISTERED INSURANCE BROKER

FAX NUMBER

905-451-4447

EMAIL ADDRESS

COMPANY

MOORE-MCLEAN INSURANCE GROUP

DATE

12/10/11

CSIO CERT (6/00)

OP ID LIMH

CSR SJ