



# 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.

**1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS**      **2. INSURED'S FULL NAME AND MAILING ADDRESS**

To Whom It May Concern		Canada Restoration Services o/b Lahav Group Corporation 30 Macintosh Blvd,	
Ajax	ON	POSTAL CODE	Concord Ontario
			POSTAL CODE L4K 4P1

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

Restoration and Remediation Contractor - All operations usual to the Business of the Named Insured.  
COVERAGE FORM:  
COMMERCIAL GENERAL LIABILITY - OCCURRENCE  
CONTRACTORS POLLUTION LIABILITY - CLAIMS MADE  
PROFESSIONAL LIABILITY - CLAIMS MADE

**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 type="checkbox"/> WAIVER OF SUBROGATION  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Starr Insurance & Reinsurance Limited - 10000752462241	2024/02/29	2025/02/28	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000				
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE						
										\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE					\$5,000,000	
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR						
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY						\$5,000,000
				MEDICAL PAYMENTS						\$2,500
				TENANTS LEGAL LIABILITY						\$1,000,000
				POLLUTION LIABILITY EXTENSION						
<input type="checkbox"/> NON-OWNED AUTOMOBILES				NON-OWNED AUTOMOBILES						
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES						
<b>AUTOMOBILE LIABILITY</b> <input 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				BODILY INJURY AND PROPERTY DAMAGE COMBINED						
				BODILY INJURY (PER PERSON)						
				BODILY INJURY (PER ACCIDENT)						
				PROPERTY DAMAGE						
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE						
				AGGREGATE						
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/>										

**5. 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 above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS**      **7. ADDITIONAL INSURED NAME AND MAILING ADDRESS**  
(Commercial General Liability- but only with respect to the operations of the Named Insured)

KRGinsure 2450 Victoria Park Avenue Suite 700			
Toronto	ON	POSTAL CODE	M2J 4A2
BROKER CLIENT ID: CANARES-01		POSTAL CODE	

**8. CERTIFICATE AUTHORIZATION**

ISSUER KRGinsure	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Bibi Tiwari	TYPE Main	NO. (416) 636-4544	TYPE Fax NO. (416) 636-5555
	TYPE	NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE May 24, 2024	EMAIL ADDRESS Bibi@KRG.com	