## **CSIO**

## **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.

To Whom it shay Comers  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	CERTIFICATE HOLDER - NAME AND MAILING ADDRESS				2. INSURED'S FULL NAME AND MAILING ADDRESS				
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Reconstruction and Remodelation Contractor - All operations usual to the Business of the Named Instance COMPARCE (PSR PSR NAME)   COMPARCE PSR PSR LIABILITY - CAUNAS MANUAL CONTRACTORS - CAUNAS AND PARCE - CAUNAS AND PAR	7-	N (	CODE				0	CODE LAN 4PT	
COVERAGE FORM COMMERCIAL CRIMENT LIGHTLY COURSENANCE  PROFESSIONAL TABBLETY COURSENANCE  This is to certify that the policiose of insurance litted below have been issued to the insured name and conduction of such profess.  **THE OF INSURANCE**  **INSURANCE**  **NO PROFESSIONAL TABBLETY COURSENANCE**  **PROFESSIONAL TABBLETY COURSENANCE**  **NO PROFESSIONAL TABBLETY COURSENANCE**  **PROFESSIONAL TABBLETY COURSENANCE**  **NO PROFESSIONAL TABBLETY COURSENANCE**  **PROFESSIONAL TABBLETY COURSENANCE**  *						FICALE APPLIES (but only with res	pect to the operat	lions of the Named Insured	
CONTRACTORS POLIUTION LIABILITY - CLAMS MADE   CONTRACTORS POLIUTION LIABILITY - CLAMS MADE   CONTRACTORS POLIUTION LIABILITY - CLAMS MADE   Province of the property provided indicated in contract or many property provided indicated in contract or many property provided in the property provided by the policies of electronic property provided in the property provided by the policies of electronic property provided in the property provided by the provided by the property provided by the property provided by the provided by the property provided by the property provided by the property provided by the provide		- All operations usual to the	Business of the Nam	ied Ins	sured.				
## 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, torms conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance althorised by the policies described herein is subject to all terms, exchallors and contractions of outside policies.  **IMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLARM?**  TYPE OF INSURANCE  **POPULATION OF THE PROPERTY									
This is to certify that the policies of insurance islated below have been issued to the insurance amond above for the policy period indicated notwithstanding any requirements, terms assigned to all terms, exclusions and conditions of such policies.  LIMIT'S SHOWN MAY HAVE BEEN REDUCED BY PAID CLANDY  TYPE OF INSURANCE  COMMERCIAL GENERAL LIABILITY    CAMBRIDGE AND COMMERCIAL GENERAL LIABILITY   CAMBRIDGE AND COMPANY   AND POLICY NUMBER   CAMBRIDGE AND COMPANY   CAMBRIDGE AND COMPAN	PROFESSIONAL LIABILITY - CLAIMS M								
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NATE   COATE	subject to all terms, exclusions and cond	litions of such policies.	LIMITS	SHO	WN MAY HA	/E BEEN REDUCED BY PA	ID CLAIMS		
AND POLICY NUMBER   VYYYYMM/DD   VYYYMM/DD   VYYYYMM/DD   VYYYMM/DD   VYYYYMM/DD   VYYYYMM/DD   VYYYMM/DD   VYYYMM/DD   VYYYMM/DD   VYYYMM/DD   VYYYMM/DD   VYYYMMAA DON CANADON CANDON CANDON CANDON CANDON CANDON CANDON CANDON C		INSURANCE COME			DATE				
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CLAMS MORE OR	COMMERCIAL GENERAL LIABILITY	Starr Inquironas & Bainaur	2224/2			COMMERCIAL GENERAL LIABILITY	\$1.00		
DATE MANUSCRIPTION OF COMPLETED OPPRATIONS   S.000.000   S.000.000   DIRECTOR'S LIBRATITY   S.000.000   S.000.00			arioc	_,_0	2020/02/20	LIADILITY			
PRODUCTION AND ADMINISTRATION								\$5,000,000	
DRESONAL RUBERTY   DRESONAL RUBERTY   S.5.000.000	l <del></del>						ONS	\$5,000,000	
WANKER OF SUBSOCATION    POLITION LIABILITY EXTENSION	CROSS LIABILITY					PERSONAL INJURY LIABILITY			
POLITION LIBBILITY (SPECIFY)   S.000,000	MAN/ED OF SUPPOCATION								
TENNITS LEGAL LIABILITY  POLIUTION LIABILITY EXTENSION  POLIUTION LIABILITY EXTENSION  POLIUTION LIABILITY EXTENSION  NONOWINED AUTOMOBILES  HIRED AUTOMOBILES  HIRED AUTOMOBILES  HIRED AUTOMOBILES  BODILY INJURY AND PROPERTY  DAMAGE COMBINETO  BODILY INJURY (PER PERSON)  BODILY INJ	WAIVER OF SUBROGATION					LIABILITY		\$5,000,000	
POLUTION LABILITY EXTENSION    POLUTION LABILITY EXTENSION						MEDICAL PAYMENTS			
MONOWINED AUTOMOBILES	✓ TENANTS LEGAL LIABILITY							\$1,000,000	
NON-OWNED AUTOMOBILES   NON-OWNED AUTOMOBILES   HIRED AUTOMOBILES AUTOMOBILES   HIRED AUTOMOBILES AUTOMO						POLLUTION LIABILITY EXTENSION		+	
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EXCESS LIABILITY  UMBRELLAFORM  OTHER LIABILITY (SPECIFY)  CONTACT NUMBERS (S)  TYPE Main NO. (416) 636-5555  AUTHORIZED REPRESENTATIVE Bibi Tiwari  EACH OCCURRENCE  ACGREGATE	30 DAYS WHERE THE INSURED IS REQUIRED					,		+	
UMBRELLAFORM  OTHER LIABILITY (SPECIFY)  CAGGREGATE  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.  BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS  KRGinsure 2450 Victoria Park Avenue Suite 700  Toronto  ON  POSTAL CODE  M2J 4A2  BROKER CLIENT ID: CANARES-01  CONTACT NUMBER(S) TYPE Main NO. (416) 636-4544 TYPE Fax NO. (416) 636-5555 TYPE Main NO. (416) 636-4544 TYPE NO.  SIGNATURE OF  DATE May 24 2024  EMAIL ADDRESS Bibi@KPG comp.									
OTHER LIABILITY (SPECIFY)  Contact In Indian									
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