

# 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		Sparklean Restorations Ltd.	
For information purposes only		10 - 8 Riel Drive	
	POSTAL CODE	St. Albert	Alberta
			POSTAL CODE T8N 3Z7

**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 Contractor

**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 OR <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 checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Totten Insurance Group - 10024512	2020/05/18	2021/05/18	COMMERCIAL GENERAL LIABILITY	\$2,500	\$5,000,000
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		\$5,000,000
				- EACH OCCURRENCE		\$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		\$10,000
				TENANTS LEGAL LIABILITY		\$250,000
				POLLUTION LIABILITY EXTENSION		\$5,000,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Totten Insurance Group - 10024512	2020/05/18	2021/05/18	NON-OWNED AUTOMOBILES		\$1,000,000
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Totten Insurance Group - 10024512	2020/05/18	2021/05/18	HIRED AUTOMOBILES		
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	RSA - CAP 054769634	2020/06/26	2021/06/26	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$1,000	\$2,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE		
<b>OTHER (SPECIFY)</b> <input checked="" type="checkbox"/> Crime	RSA - COM056058144	2020/05/18	2021/05/18	BROAD FORM A		\$5,000
				LOSS INSIDE		\$10,000
				LOSS OUTSIDE		\$10,000

**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, 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)	
Jones DesLauriers Insurance Management Inc. 80 Tiverton Court, Suite 803			
Markahm	ON	POSTAL CODE	L3R 0G4
BROKER CLIENT ID: SPARRES-02			
		POSTAL CODE	

**8. CERTIFICATE AUTHORIZATION**

ISSUER Jones DesLauriers Insurance Management Inc.	CONTACT NUMBER(S) TYPE Main NO. 416-259-4625 TYPE NO
AUTHORIZED REPRESENTATIVE Taylor Dexter	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>T. Dexter</i>	DATE April 01, 2021 EMAIL ADDRESS tayford@jdimi.com