

CERTIFICATE OF INSURANCE LIABILITY

ISSUE DATE
05/17/2023

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.

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

City of Kitchener
200 King St. W
Kitchener, Ontario
N2G 4G7

INSURED'S FULL NAME AND MAILING ADDRESS

Smile Painting o/b 13902978 Canada Inc.
27-25 Upper Canada Dr
Kitchener, Ontario
N2P 1G2

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

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

INSURANCE COMPANY		POLICY NO.	EFFECTIVE	EXPIRY DATE
<input type="checkbox"/> 1	Travelers Canada	1000005893	05/16/2023	05/16/2024
<input type="checkbox"/> 2				
<input type="checkbox"/> 3				
<input type="checkbox"/> 4				

TYPE OF INSURANCE

LIMITS OF COVERAGE (Canadian dollars unless indicated otherwise)

INS. Co	COMMERCIAL GENERAL LIABILITY	COVERAGE	DEDUCTIBLE	LIMIT OF LIABILITY
<input type="checkbox"/> 1	<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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	 \$1,000 \$1,000 \$1,000	\$5,000,000 \$2,000,000 \$2,000,000 \$2,000,000 \$25,000 \$250,000
<input type="checkbox"/> 1	<input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	NON OWNED AUTOMOBILE		\$2,000,000
INS. Co	AUTOMOBILE LIABILITY	COVERAGE	DEDUCTIBLE	LIMIT OF LIABILITY
<input type="checkbox"/>	<input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <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		
INS. Co	EXCESS LIABILITY	COVERAGE	DEDUCTIBLE	LIMIT OF LIABILITY
<input type="checkbox"/>	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify)	EACH OCCURRENCE AGGREGATE		
INS. Co		COVERAGE	DEDUCTIBLE	LIMIT OF LIABILITY
<input type="checkbox"/>	<input checked="" type="checkbox"/> Severability of Interest Clause incl.			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

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

BROKER'S FULL NAME AND MAILING ADDRESS

Donovan Insurance Brokers inc.
72 Regina Street North
Waterloo, Ontario
N2J 3A5

ADDITIONAL INSURED NAME AND MAILING ADDRESS

City of Kitchener 200 King St. W Kitchener ON N2G 4G7

IT IS UNDERSTOOD AND AGREED THAT "City of Kitchener" IS HEREBY ADDED AS AN ADDITIONAL INSURED WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED AND IS ADDED AS LOSS PAYEE, AS THEIR INTERESTS MAY APPEAR.

SIGNATURE OF AUTHORIZED REPRESENTATIVE



PRINT NAME INCLUDING POSITION HELD

Steve Lauzon -

FAX NUMBER

(519) 886-9441

EMAIL ADDRESS

reception@donovaninsurance.com

COMPANY

Donovan Insurance Brokers inc.

DATE

05/17/2023