

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		INSURED'S FULL NAME AND MAILING ADDRESS				
City of Kitchener 200 King St. W Kitchener, Ontario N2G 4G7		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		INSURANCE COMPANY		POLICY NO.	EFFECTIVE	EXPIRY DATE
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.		1 Travelers Canada 2 3 4		1000005893	05/16/2023	05/16/2024
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS						
TYPE OF INSURANCE		LIMITS OF COVERAGE (Canadian dollars unless indicated otherwise)				
INS. Co	COMMERCIAL GENERAL LIABILITY		COVERAGE	DEDUCTIBLE	LIMIT OF LIABILITY	
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		GENERAL AGGREGATE		\$5,000,000	
			EACH OCCURRENCE	\$1,000	\$2,000,000	
			PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000	
			<input type="checkbox"/> PERSONAL INJURY LIABILITY			
			<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$1,000	\$2,000,000	
			MEDICAL PAYMENTS		\$25,000	
			TENANTS LEGAL LIABILITY	\$1,000	\$250,000	
			POLLUTION LIABILITY EXTENSION			
	<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 **		BODILY INJURY AND PROPERTY DAMAGE COMBINED			
			BODILY INJURY (Per Person)			
			BODILY INJURY (Per Accident)			
			PROPERTY DAMAGE			
	**ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					
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 type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> Severability of Interest Clause incl.					
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			ADDITIONAL INSURED NAME AND MAILING ADDRESS			
Donovan Insurance Brokers inc. 72 Regina Street North Waterloo, Ontario N2J 3A5			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