



# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
To Whom it May Concern		JBM Logistics o/b 615315 Saskatchewan Ltd.	
		875 58th St. E	
	POSTAL CODE	Saskatoon SK	POSTAL CODE S7K 6X5

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
Long Haul Trucking Contractor; including in the USA, excluding Brokering and Freight-forwarding with any US Entity.

See Attached...

**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 checked="" type="checkbox"/> WAIVER OF SUBROGATION  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> USA Operations <input checked="" type="checkbox"/> Employee Benefit  <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	SGI Canada C 70031870-9	2019/12/31	2020/12/31	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	1,000	8,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	1,000	8,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	1,000	8,000,000
				MEDICAL PAYMENTS	1,000	25,000
				TENANTS LEGAL LIABILITY	1,000	100,000
				POLLUTION LIABILITY EXTENSION		
				Employee Benefit Liab	1,000	1,000,000
<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	SGI Canada T 30270058-1	2019/12/31	2020/12/31	BODILY INJURY AND PROPERTY DAMAGE COMBINED		5,000,000
				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 checked="" type="checkbox"/> Motor Truck Cargo <input type="checkbox"/>	SGI Canada C 70103639-1	2019/12/31	2020/12/31	All Risk Cargo	5,000	260,000

**5. 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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Hoffmann Kool Insurance			
5 - 75 Lenore Drive			
Saskatoon	SK	POSTAL CODE	S7K 7Y1
BROKER CLIENT ID:		POSTAL CODE	

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER Hoffmann Kool Insurance	AUTHORIZED REPRESENTATIVE Jillian Schommer; CAIB	TYPE Phone NO. 306-934-1999	TYPE NO.
		TYPE Fax NO. 306-242-0806	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE 2019/12/31	EMAIL ADDRESS certificates@hoffmannkool.com

DESCRIPTIONS Continued.

Commercial Auto Policy includes:

Permission to rent or lease endorsement

All Perils Truck deductible \$2,500

All Perils Trailer deductible \$500

Non-Owned Trailer Coverage

Commercial Cargo Policy includes:

Mechanical Breakdown Endorsement

Commercial Auto Leased Operator Buy Down Policy

\$500 All Perils Deductible

Permission to rent or lease endorsement