

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)
10/08/26

BROKER

Gifford Associates Insurance

346 Moodie Drive
Ottawa, ON

K2H 8G3

BROKER'S CLIENT ID: NEWVU-1

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

COMPANIES AFFORDING COVERAGE

COMPANY
A ING Insurance Co. of Canada

COMPANY
B

COMPANY
C

COMPANY
D

INSURED'S FULL NAME AND MAILING ADDRESS

New Vu Window Cleaning Ltd.

298 Waymark Cres
Kanata, ON K2M 0A4

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 requirement, term or condition 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 the terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	501176962	10/06/01	11/06/01	EACH OCCURRENCE	\$ 2000000
					GENERAL AGGREGATE	\$ 5000000
					PRODUCTS - COMPI/OP AGG	\$ 2000000
					PERSONAL INJURY	\$ 2000000
					TENANT'S LEGAL LIABILITY	\$ 100000
					MED EXP (Any one person)	\$ 10000
					NON-OWNED AUTO	\$ 2000000
					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
					(Per Occurrence)	\$
					(Aggregate)	\$
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify)					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER LIABILITY (SPECIFY)						

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
Vendor # VH13008

CERTIFICATE HOLDER

American Seaboard National

Attn: Rosalind Curtis

14 Ashley Place
Wilmington, DE 19804,

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail xxx days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINT NAME INCLUDING POSITION HELD

Christopher Greer Commercial Broker

FAX NUMBER

613-596-6808

EMAIL ADDRESS

COMPANY

Gifford Associates

DATE

10/08/26

CSIO CERT (6/00)