



CERTIFICATE OF 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		2A. INSURED'S FULL NAME AND MAILING ADDRESS	
		New Vu Window Cleaning Ltd.	
		298 Waymark Crescent, Kanata, ON K2M 0A4	
		2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (but only with respect to the operations of the Named Insured)	
		Window cleaning	
Ottawa	ON	POSTAL CODE	

3. 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 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 (M/dd/yy)	EXPIRY DATE (M/dd/yy)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Aviva Insurance Company of Canada HAR S1522534	6/01/12	6/01/13	COMMERCIAL GENERAL LIABILITY	\$1,000	
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$5,000,000
				EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
				PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
				MEDICAL PAYMENTS		\$25,000
				TENANTS LEGAL LIABILITY		\$1,000
NON OWNED AUTOMOBILE		\$2,000,000				
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> <input type="checkbox"/> ** 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		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

4. CANCELLATION

5. BROKER'S FULL NAME AND MAILING ADDRESS		6. ADDITIONAL INSURED NAME AND MAILING ADDRESS	
Gifford Associates Insurance Brokers Inc			
346 Moodie Drive			
Ottawa	ON	POSTAL CODE	K2H 8G3
BROKER'S CLIENT ID: NEWWU-1		POSTAL CODE	

7. CERTIFICATE AUTHORIZATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Wendy Lee</i>	PRINT NAME Wendy Lee	POSITION HELD Customer Service Representative	DATE August 14, 2012
COMPANY Gifford Associates Insurance Brokers Inc	EMAIL ADDRESS wendy.lee@giffordassociates.ca	CONTACT NUMBER HOME BUSINESS (613) 596-9101	CELL FAX (613) 596-6808