



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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS 	2. INSURED'S FULL NAME AND MAILING ADDRESS Martin Roy Transport 543, boulevard Témiscamingue Rouyn-Noranda, QC <small>POSTAL CODE</small> J9X7C8
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	

Franchise Cargo 15 000 \$ Maximal par évènement 30 000 \$
F.A.Q. 27 avec une limite de 150 000\$ minimum

4. COVERAGES <small>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.</small>	LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS
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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
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"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Intact Assurances 674-7873	2020/5/31	2021/5/31	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE		2,000,000 2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		2,000,000 2,000,000
				MEDICAL PAYMENTS TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION		10,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Intact Assurances 674-7873	2020/5/31	2021/5/31	NON OWNED AUTOMOBILE		2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	Intact Assurances 674-7873	2020/5/31	2021/5/31	BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE		2,000,000
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>	Lloyd's (BLP) P03390 JOL 10006	2020/5/30	2021/5/30	EACH OCCURRENCE AGGREGATE	10,000 10,000	3,000,000 3,000,000
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Automobile assurance entreprise <input type="checkbox"/> <input type="checkbox"/>	Intact Assurances 674-7873	2020/5/31	2021/5/31	Ass. cargo	15,000	500,000

5. CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> 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.	
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6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS Rivard Assurances Générales Inc 167, avenue Principale Rouyn-Noranda, QC <small>POSTAL CODE</small> J9X 4P6	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS <small>(but only with respect to the operations of the Named Insured)</small>
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BROKER CLIENT ID: MARTROY-01 3. CERTIFICATE AUTHORIZATION ISSUER Rivard Assurances Générales Inc AUTHORIZED REPRESENTATIVE Stéphane Perron <small>SIGNATURE OF AUTHORIZED REPRESENTATIVE</small>	<small>CONTACT NUMBER(S)</small> TYPE Phone NO (819) 762-6533 TYPE Fax NO (819) 762-4683 TYPE NO. TYPE NO. <small>DATE</small> 2020/5/29 <small>EMAIL ADDRESS</small> stephane.perron@rivardassurances.ca
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