

CSIO CERTIFICATE OF INSURANCE

DATE (YYMM/DD)
18/07/26

BROKER Palmer Atlantic Insurance Ltd.
538 Main Street, Unit 1
Hartland, NB E7P 2N5

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.

BROKER'S CLIENT ID: GTLTR-3

COMPANIES AFFORDING COVERAGE

COMPANY A Northbridge General Insurance

INSURED'S FULL NAME AND MAILING ADDRESS

GTL Transportation Inc.
115 Trider Court
Dartmouth, NS B3B 1V6

COMPANY B

COMPANY C

COMPANY D

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 (YYMM/DD)	POLICY EXPIRATION DATE (YYMM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 5000000
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE	A	2026991	18/08/01	19/08/01	GENERAL AGGREGATE	\$ 5000000
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS	A	2026991	18/08/01	19/08/01	PRODUCTS - COMPROP AGG	\$
<input type="checkbox"/> EMPLOYERS'S LIABILITY					PERSONAL INJURY	\$
<input type="checkbox"/> CROSS LIABILITY					TENANT'S LEGAL LIABILITY	\$ 100,000
<input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY	A	2026991	18/08/01	19/08/01	MED EXP (Any one person)	\$ 25,000
<input checked="" type="checkbox"/> NON-OWNED	A	2026991	18/08/01	19/08/01	NON-OWNED AUTO	\$ 5000000
<input type="checkbox"/> HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION					(Per Occurrence)	\$
					(Aggregate)	\$
AUTOMOBILE LIABILITY					BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 5000000
<input type="checkbox"/> DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/> ALL OWNED AUTOS	A	2026991	18/08/01	19/08/01	BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> LEASED AUTOMOBILES	A	2026991	18/08/01	19/08/01	PROPERTY DAMAGE	\$
<input checked="" type="checkbox"/> 21A	A	2026991	18/08/01	19/08/01		
<input checked="" type="checkbox"/> SEF#27 - Non-Owned	A	TRAILER \$100,000 LIMIT				
<input checked="" type="checkbox"/> SEF#5	A					
<small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>						
EXCESS LIABILITY					EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA FORM					AGGREGATE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
(Specify)						
OTHER LIABILITY (SPECIFY)	A	2026991	18/08/01	19/08/01	All Risk Coverage	\$350,000
Cargo	A				Ded	\$20,000
Mechanical BDown Warranty						

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
All Limits in Canadian Funds.

CERTIFICATE HOLDER

GTL Transportation Inc.
Fax: 902-468-6317
115 Trider Court
Dartmouth, NS B3B 1V6

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 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

Lori Springer

PRINT NAME INCLUDING POSITION HELD

Lori Springer
Commercial Insurance Advisor

FAX NUMBER

506-375-4232

EMAIL ADDRESS

COMPANY

Palmer Atlantic Insurance Ltd.

DATE

18/07/26

CSIO CERT (2000/06)