

# CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)  
16/09/28

**BROKER** Mid Valley Ins. Agencies Ltd.  
1 - 32442 George Ferguson Way  
Abbotsford, BC V2T 4Y4

**BROKER'S CLIENT ID:** MDTRA-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	Intact Insurance Company
COMPANY B	Insurance Corp. of BC
COMPANY C	
COMPANY D	

**INSURED'S FULL NAME AND MAILING ADDRESS**  
MD Transport Co. Ltd.  
1683 Mt. Lehman Rd.  
Abbotsford, BC V2T 6H6

## 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)	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYERS'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	5IM354972	16/09/29	17/09/29	EACH OCCURRENCE	\$ 2000000
					GENERAL AGGREGATE	\$ 5000000
					PRODUCTS - COMP/OP AGG	\$ INC
					PERSONAL INJURY	\$ INC
					TENANT'S LEGAL LIABILITY	\$ INC
					MED EXP (Any one person)	\$ INC
					NON-OWNED AUTO	\$
					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
					(Per Occurrence)	\$
					(Aggregate)	\$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> LEASED AUTOMOBILES <input checked="" type="checkbox"/> Non-Owned Trailer Policy <input checked="" type="checkbox"/> Non-Owned auto liability <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	B	BC02954-001	16/10/01	17/09/30	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 5000000
					BODILY INJURY (Per person)	\$ INC
	A	5IM354972 LIMIT \$30,000	16/09/29	17/09/29	BODILY INJURY (Per accident)	\$ INC
					PROPERTY DAMAGE	\$ INC
	B	136PW9 LIMIT \$2,000,000	16/10/01	17/09/30		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify) _____					EACH OCCURRENCE	\$
					AGGREGATE	\$
<b>OTHER LIABILITY (SPECIFY)</b> <b>CARGO - ALL RISK</b>	A	5IM354972	16/09/29	17/09/29	LIMIT DEDUCTIBLE	\$200,000 \$2500

**ADDITIONAL INSURED**

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS**  
Long Haul Trucking

**CERTIFICATE HOLDER**  
TO WHOM IT MAY CONCERN:

**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 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**  
Sukhi Gill  
Agent

**FAX NUMBER**  
604-853-9877

**EMAIL ADDRESS**

**COMPANY**  
Mid Valley Insurance

**DATE**  
16/09/28