



# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b> To Whom it May Concern	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b> ProActive Supply Chain Solution Inc. 3909 Nashua Dr  Mississauga ON L4V 1R3
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**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

Description of Operations: Cargo Logistics Company (with Warehousing)

**4. COVERAGES**

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policies period indicated notwithstanding any requirement, 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 the 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 YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<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"/> Employer's Liability <input checked="" type="checkbox"/> Cross Liability  <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension  <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Aviva Insurance Company of Canada  CMP S1362012	2015/ 9/ 1	2016/ 9/ 1	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate		5,000,000
				- Each Occurrence	1,000	3,000,000
				Products and Completed Operations Aggregate		3,000,000
				<input type="checkbox"/> Personal Injury Liability		3,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		10,000
				Tenants Legal Liability	1,000	200,000
				Pollution Liability Extension		
				Non-Owned Automobile		
				<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <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 (Per Person)						
Bodily Injury (Per Accident)						
Property Damage						
Each Occurrence						
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Warehousemans Legal Liab <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aviva Insurance Company of Canada  CMP S1362012	2015 / 9 / 1	2016 / 9 / 1		1,000	1,000,000

**5. 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 above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b> St. Andrews Insurance Brokers Ltd. 5875 Hwy # 7 Suite 200A Woodbridge, Ontario L4L1T9  BROKER CLIENT ID: 77590	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (but only with respect to the operations of the Named Insured) To Whom it May Concern
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**8. CERTIFICATE AUTHORIZATION**

Issuer: St. Andrews Insurance Brokers Ltd.	Contact Number(s):
Authorized Representative: <i>Doanna</i>	Type: No Type: No
Signature of Authorized Representative: <i>Doanna Madenko</i>	Type Phone: No (905) 709-1779 Type Fax: No (905) 851-6634
	Certificate Date: 2015   9   22 EMail Address: