

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.

INSURED'S FULL NAME AND MAILING ADDRESS Honest Air Heating & Cooling o/b Dwight Napier 239 Andrew St, Newcastle, Ontario L1B 1K1	BROKER'S FULL NAME AND MAILING ADDRESS Beyond Insurance Brokers Inc 1032 Brock Street South Whitby, On BROKER'S CLIENT ID: 043095
	POSTAL CODE: L1N 4L8

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 (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENNANTS LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Gore Mutual Insurance Company 9047686	2020-11-18	2021-11-18	EACH OCCURRENCE	\$2,000,000
				GENERAL AGGREGATE	\$2,000,000
				PRODUCTS-COMP/OP AGG	\$2,000,000
				PERSONAL INJURY	\$2,000,000
				TENANTS LEGAL LIABILITY	\$500,000
				MED EXP (Any one person)	\$10,000
				NON-OWNED AUTO	\$2,000,000
				OPTIONAL POLLUTION LIABILITY EXTENSION	\$
				(Per Occurrence)	\$
				(Aggregate)	\$
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES <small>** ALL LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$
				BODILY INJURY (Per Person)	\$
				BODILY INJURY (Per Accident)	\$
				PROPERTY DAMAGE	\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE	\$
				AGGREGATE	\$
OTHER LIABILITY (SPECIFY) <input type="checkbox"/>					

ADDITIONAL INSURED NAME AND MAILING ADDRESS	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS All operations of the named insured.
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CERTIFICATE HOLDER - NAME AND MAILING ADDRESS To Whom It May Concern	CANCELLATION Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 15 days written notice to the certificate holder named on the left, 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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SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME INCLUDING POSITION HELD Shelley Harrop, CIP
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FAX NUMBER: 1-905-666-6645	EMAIL ADDRESS: sharrop@beyondins.netsharrop	Broker: Beyond Insurance Brokers Inc	DATE: September 25, 2020
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