

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
Grandridge Carriers, Inc.	Grandridge Carriers, Inc.
921 Katharine St. N. RR 1	921 Katharine St. N. RR 1
West Montrose ON POSTAL CODE N0B 2V0	West Montrose ON POSTAL CODE N0B 2V0

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
 Common Carrier
 Umbrella Liability Subscribing Companies: Sovereign General 55%, Aviva 15%, Everest 13.5%, Inter Hannover 10%, Lloyds 6.5%.

4. 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 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.
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
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> COMBINED SINGLE LIMIT <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 type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Travelers Insurance Company of Canada TRVBSL0401	2018/04/01	2019/04/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$2,000,000
				- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
				MEDICAL PAYMENTS		\$10,000
				TENANTS LEGAL LIABILITY		\$1,000,000
				POLLUTION LIABILITY EXTENSION		
				<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Travelers Insurance Company of Canada TRVBSL0401	2018/04/01
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Travelers Insurance Company of Canada TRVBSA0401	2018/04/01	2019/04/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		
BODILY INJURY (PER PERSON)						
BODILY INJURY (PER ACCIDENT)						
PROPERTY DAMAGE						
OTHER (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo	Travelers Insurance Company of Canada TRVBSC0401	2018/04/01	2019/04/01		10,000	\$125,000
<input checked="" type="checkbox"/> Excess Motor Truck Cargo	Aviva Canada CMP 81817143	2018/04/01	2019/04/01		\$125K	\$400,000
<input checked="" type="checkbox"/> Mechanical Breakdown	Travelers TRVBSC0401	2018/04/01	2019/04/01			Included
<input checked="" type="checkbox"/> Umbrella Liability	Strategic Underwriting Manager SUM-UMB-12861-001	2018/04/01	2019/04/01			\$3,000,000
<input checked="" type="checkbox"/> OPCF 27B-Liab for Dmg	Travelers TRVBSA0401	2018/04/01	2019/04/01	Non-Owned Autos	10,000	\$150,000
<input checked="" type="checkbox"/> Auto Phys Dmg - All Perils					10,000	

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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
Dalton Timmis Insurance Group, Inc.	
35 Stone Church Rd, 3rd Floor	
Ancaster ON POSTAL CODE L9K 1S5	
BROKER CLIENT ID:	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	
ISSUER Dalton Timmis Insurance Group, Inc.	CONTACT NUMBER(S) TYPE Phone NO. 905-648-3922 TYPE NO. TYPE Fax NO. 905-648-2640 TYPE NO.
AUTHORIZED REPRESENTATIVE Ashleigh Deck	
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Ashleigh Deck</i>	DATE 2018/03/29 EMAIL ADDRESS transcert@daltontimmis.com