



# CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>
	Myers Chimney o/b 2277341 Ontario Inc. 2224 South Lake Road  Minden ON K0M2K0

<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES</b> (but only with respect to the operations of the Named Insured)

**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 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 type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/>	Gore Mutual Ins. Co.	2023/ 11 / 1	2024/ 11 / 1	Commercial General Liability		
				Bodily Injury and Property Damage Liability - - General Aggregate	1,000	5,000,000
				- Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate	1,000	5,000,000
				<input type="checkbox"/> Personal Injury Liability	1,000	2,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		25,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
				Contractual Liability	1,000	5,000,000
<input checked="" type="checkbox"/> Non-Owned Automobiles	Gore Mutual Ins.	2023/ 11 / 1	2024/ 11 / 1	Non-Owned Automobile		5,000,000
<input checked="" type="checkbox"/> Hired Automobiles	Gore Mutual Ins.	2023/ 11 / 1	2024/ 11 / 1	Hired Automobiles		75,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance				Bodily Injury and Property Damage Combined		
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Professional Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SUM Insurance	2023 / 9 / 28	2024 / 9 / 28	Errors & Omissions	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>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial general Liability - but only with respect to the operations of the Named Insured)
Withey Insurance Brokers Ltd. 395 Centre Street North, Suite 100 Huntsville, Ontario HST 825794944 P1H 2P5  BROKER CLIENT ID: [REDACTED]	

<b>8. CERTIFICATE AUTHORIZATION</b>			
Issuer	Withey Insurance Brokers Ltd.	Contact Number(s)	
Authorized Representative		Type No	Type No
Signature of Authorized Representative	X [REDACTED]	Type Phone No (705) 789-9366	Type Fax No (705) 789-8331
		Date	EEmail Address
		2024   10   4	