

BROKER
The Magnes Group Inc.
1540 Cornwall Road Suite #100
Oakville ON L6J 7W5

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

BROKER'S CLIENT ID: EMSLC-1

COMPANY
A Hartford Fire Ins. Co.

INSURED'S FULL NAME AND MAILING ADDRESS
EMSL Canada Inc.
2754-2756 Slough Street
Mississauga ON L4T 1G3

COMPANY
B

COMPANY
C

COMPANY
D

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)	
COMMERCIAL GENERAL LIABILITY	A	05MLT0133108	20/04/02	21/04/02	EACH OCCURRENCE	\$ 1,000,000
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE					GENERAL AGGREGATE	\$ 2,000,000
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS					PRODUCTS - COMP/OP AGG	\$ 2,000,000
<input type="checkbox"/> EMPLOYER'S LIABILITY					PERSONAL INJURY	\$ 1,000,000
<input checked="" type="checkbox"/> CROSS LIABILITY					TENANT'S LEGAL LIABILITY	\$ 300,000
<input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY					MED EXP (Any one person)	\$ 10,000
<input type="checkbox"/> NON-OWNED					NON-OWNED AUTO	\$
<input type="checkbox"/> HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION					(Per Occurrence)	\$
					(Aggregate)	\$
AUTOMOBILE LIABILITY					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
<input type="checkbox"/> DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> LEASED AUTOMOBILES					PROPERTY DAMAGE	\$
<small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>						
EXCESS LIABILITY	A	05UMB0133109	20/04/02	21/04/02	EACH OCCURRENCE	\$ 5,000,000
<input checked="" type="checkbox"/> UMBRELLA FORM					AGGREGATE	\$ 5,000,000
<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
(Specify)						
OTHER LIABILITY (SPECIFY) Commercial Property	A	05MLT0133108	20/04/02	21/04/02	Contents Business Interruption	25,000 100,000

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

All operations usual to the business of the Named Insured. It is hereby understood and agreed that the Certificate Holder is added as an additional insured with respect to the legal liability arising from the operations of the Named Insured and as required by contract. Additional Insured is not added to any form of automobile insurance.

CERTIFICATE HOLDER

For Information Only

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. EXCEPT 15 DAYS FOR OWNED AUTOMOBILE LIABILITY.

SIGNATURE OF AUTHORIZED REPRESENTATIVE



PRINT NAME INCLUDING POSITION HELD

Amber Lewis - Commercial Account Administrator

FAX NUMBER

905-845-9149

EMAIL ADDRESS

alewis@magnesgroup.com

COMPANY

The Magnes Group Inc.

DATE

20/04/24