

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
TO WHOM IT MAY CONCERN	COO Transporter & Logistics Inc.
	8 Tysonville Cir
	Brampton Ontario
	POSTAL CODE L7A 3Z7

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

THIS CERTIFICATE ISSUED UNDER THE INTEREST 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 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"/> CLAIMS MADE <u>OR</u> <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	APRIL CANADA 424341	2023/04/25	2024/04/25	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		2,000,000	
					- EACH OCCURRENCE	1,000	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	1,000	2,000,000
					MEDICAL PAYMENTS		25,000
					TENANTS LEGAL LIABILITY	1,000	250,000
					POLLUTION LIABILITY EXTENSION		
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	THE NORDIC INS. CO. OF CANADA BINDCOO	2023/04/07	2024/04/07	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000	
					BODILY INJURY (PER PERSON)		
					BODILY INJURY (PER ACCIDENT)		
					PROPERTY DAMAGE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE			
					AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> MOTOR TRUCK CARGO <input checked="" type="checkbox"/> REEFER BREAKDOWN INCLUDED	APRIL CANADA 424341	2023/04/25	2024/04/25	BROAD FORM	5,000	250,000	
						5,000	

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 (Commercial General Liability- but only with respect to the operations of the Named Insured)
Oracle Insurance Risk Management Services Inc.	
25 Edilcan Dr., Unit 7	
Vaughan ON	
POSTAL CODE L4K 3S4	
BROKER CLIENT ID: 61718055	
	POSTAL CODE

8. CERTIFICATE AUTHORIZATION			
ISSUER Oracle RMS - Peel & York	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Nayan Pandya	TYPE Mobile	NO. (416) 858-3447	TYPE Fax NO.
	TYPE Business	NO. 905 597 5123	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2023-04-25	EMAIL ADDRESS npandya@oraclerms.com	