

CERTIFICATE OF INSURANCE

BROKER
 Jones DesLauriers Insurance Management, Inc.
 2375 Skymark Avenue
 Mississauga ON L4W 4Y6

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.

BROKER'S CLIENT ID: M&JLOGI-01

COMPANIES AFFORDING COVERAGE

COMPANY
A Definity Insurance Company

INSURED'S FULL NAME AND MAILING ADDRESS

M & J Logistics Inc
 90 Edilcan Drive
 Concord ON L4K 3S5

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 <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 checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	64043988	24/09/23	25/09/23	EACH OCCURRENCE	\$ 2,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
					PERSONAL INJURY	\$ 2,000,000
					TENANT'S LEGAL LIABILITY	\$ 1,000,000
					MED EXP (Any one person)	\$
					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 checked="" type="checkbox"/> LEASED AUTOMOBILES <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	64043988	24/09/23	25/09/23	BODILY INJURY 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"/> OTHER THAN UMBRELLA FORM (Specify) _____					EACH OCCURRENCE	\$
					AGGREGATE	\$
OTHER LIABILITY (SPECIFY) Non-Owned Trailers, 27B MOTOR TRUCK CARGO (ALLRISK)	A	64043988	24/09/23	25/09/23	DED. \$5,000 - Limit - DED \$1,000 - Limit -	\$50,000 \$250,000

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

Description of Operations: Usual to a Truckman/Common Carrier. All Automobiles by and licensed in the name of the Insured, or leased for a period in excess of 30 days on which the Insured as Lessee is required to insure under a written lease agreement.

CERTIFICATE HOLDER

To Whom It May Concern

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 0 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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Jama Ben

PRINT NAME INCLUDING POSITION HELD

FAX NUMBER

416-259-7178

EMAIL ADDRESS

laurab@jdimi.com

COMPANY

Jones DesLauriers Insurance Management, Inc.

DATE

24/10/10