

Head Office

252 Dundas St. North, P.O. Box 70
Cambridge, Ontario N1R 5T3
Telephone: (519) 623-1910 1-800-265-8600
Fax: 1-800-601-9773

CERTIFICATE OF 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.

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	INSURED'S FULL NAME AND MAILING ADDRESS
Trans Moving Toronto [REDACTED]	[REDACTED] Operating As Trans Moving Toronto
13-1181 Finch Ave West	13-1181 Finch Avenue W, North York, ON, M3J 2V8
North York, ON M3J 2V8	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (but only with respect to the operations of the Named Insured)
	Moving Company - household goods only
	Confirmation of Insurance

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 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 OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	9015 [REDACTED]	2020-03-30	2021-03-30	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE	2500	2000000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	2500	2000000
				PERSONAL INJURY LIABILITY MEDICAL PAYMENTS		2000000 25000
				TENANTS LEGAL LIABILITY	2500	100000
				NON OWNED AUTOMOBILE		
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> <input type="checkbox"/> ** 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		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>						

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, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

BROKER'S FULL NAME AND MAILING ADDRESS	ADDITIONAL INSURED NAME AND MAILING ADDRESS
My Insurance Broker Corp.	Only with respect to the Commercial General Liability policy for liability arising out of operations performed by the Named Insured.
6-50 West Wilmot St	
Richmond Hill, ON	
L4B 1M5	

CERTIFICATE AUTHORIZATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME Ed Nesbitt	POSITION HELD Director, Commercial Insurance Solutions	DATE November 02, 2020
COMPANY Gore Mutual Insurance Company	EMAIL ADDRESS commercialontario@goremutual.ca	CONTACT NUMBER BUSINESS 1-800-265-8600 FAX 1-800-601-9773	