



CERTIFICATE OF LIABILITY INSURANCE

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 Klearview Window Cleaners 1287 Treeland St., Burlington, ON L7R3T6
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3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
 ALL OPERATIONS USUAL TO THAT OF THE INSURED'S BUSINESS.

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
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <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 checked="" type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles AUTOMOBILE LIABILITY <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 EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Economical Mutual Insurance 4850467P	2018/ 8 / 4	2019/ 8 / 4	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate		5,000,000
				- Each Occurrence		5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input checked="" type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability		5,000,000
				Medical Payments		25,000
				Tenants Legal Liability		250,000
				Pollution Liability Extension		

6. 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 Spriggs (Milton) 216 Main Street East Milton, ON L9T 1N8 BROKER CLIENT ID: TOMD01	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
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8. CERTIFICATE AUTHORIZATION						
Issuer	Spriggs (Milton)		Contact Number(s)			
Authorized Representative	JOHN DWIGAN, MANAGER 		Type	No	Type	No
			Type	No	Type	No
Signature of Authorized Representative	<input checked="" type="checkbox"/>		Date	2018 7 23		
				E-MAIL Address		