

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:		2112190 Ontario Inc. o/a Klearview Window Cleaners	
		1287 Treeland Street	
	POSTAL CODE	BURLINGTON	ON
			POSTAL CODE L7R 3T5

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

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 ☐ CLAIMS MADE OR ☒ OCCURRENCE ☒ PRODUCTS AND / OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☒ CROSS LIABILITY ☒ WAIVER OF SUBROGATION ☒ TENANTS LEGAL LIABILITY ☐ POLLUTION LIABILITY EXTENSION ☐ ☐	Definity Insurance Company 4950467	2026/08/04	2027/08/04	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE	1,000	5,000,000
				- EACH OCCURRENCE	1,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	1,000	5,000,000
				PERSONAL INJURY LIABILITY	1,000	5,000,000
				OR		
				☒ PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		25,000
				TENANTS LEGAL LIABILITY	1,000	250,000
☒ NON-OWNED AUTOMOBILES ☐ HIRED AUTOMOBILES	Definity Insurance Company 4950467	2026/08/04	2027/08/04	NON-OWNED AUTOMOBILES	1,000	2,000,000
				HIRED AUTOMOBILES		
AUTOMOBILE LIABILITY ☒ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Definity Insurance Company 6563834	2026/02/21	2027/02/21	BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000
				BODILY INJURY (PER PERSON)		2,000,000
				BODILY INJURY (PER ACCIDENT)		2,000,000
				PROPERTY DAMAGE		2,000,000
EXCESS LIABILITY ☐ UMBRELLA FORM ☐				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) ☐						
☐						
☐						
☐						

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> 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)
Spriggs Insurance	
159 Church Street	
Oakville	ON
	POSTAL CODE M5E 1Z5
BROKER CLIENT ID: KLEAWIN-01	
CERTIFICATE NUMBER: 704239604	POSTAL CODE

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Spriggs Insurance Brokers Limited		TYPE Phone	NO. 905-844-9232
DAMAGE INSURANCE BROKER N/A		TYPE Fax	NO. 905-845-1634
AUTHORIZED REPRESENTATIVE Susan St. Louis - Commercial Account Manager		TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Susan St. Louis</i>	DATE 2026/08/26	EMAIL ADDRESS sstlouis@spriggs.ca	