

# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b> Ontario Delivery Dispatch Ltd PO Box 25101  Brantford ON POSTAL CODE N3T 6K5	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b> Ontario Delivery Dispatch Ltd. PO Box 25101  Brantford ON POSTAL CODE N3T 6K5
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<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)</b> Common Carrier
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## 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
<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Northbridge Commercial Ins. 2016094	2016/04/04	2017/04/04	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		\$3,000,000
				- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input checked="" type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		\$100,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Northbridge Commercial Ins. 2016094	2016/04/04	2017/04/04	NON OWNED AUTOMOBILE		\$2,000,000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	Northbridge Commercial Ins. 2016094	2016/04/04	2017/04/04	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>OTHER (SPECIFY)</b> <input checked="" type="checkbox"/> Motor Truck Cargo <input checked="" type="checkbox"/> Auto Phy. Damage-All Perils <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Northbridge Commercial Ins. 2016094	2016/04/04	2017/04/04	Per Vehicle	\$1,000	\$50,000
				Included	\$1,000	

## 5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b> DALTON TIMMIS INS. GROUP, INC. 35 Stone Church Rd., 3rd flr.  Ancaster ON POSTAL CODE L9K 1S5	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)</b>    POSTAL CODE
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BROKER CLIENT ID:

## 8. CERTIFICATE AUTHORIZATION

ISSUER	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE Lorraine Skidmore, RIBO	TYPE Phone NO. 905-648-3922 TYPE NO. TYPE Fax NO. 905-648-6980 TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE 2016/03/31 EMAIL ADDRESS ashleighd@daltontimmis.com