

CERTIFICATE OF INSURANCE

DATE
29-Apr-10

BROKER
 **Safety Insurance Group**
2150 Islington Avenue, Suite 400
Toronto, Ontario, Canada M9P 3V4
Tel: 416-259-4625 ~ Fax: 416-259-7178

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.

INSURED	COMPANIES AFFORDING COVERAGE
1067273 ONTARIO INC. O/A KBD TRANSPORTATION 10739 COUNTY ROAD #2 P.O. BOX 1310 IROQUOIS, ON K0E 1K0	COMPANY A OLD REPUBLIC INSURANCE COMPANY OF CANADA
	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 exclusions and conditions of such policies.
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)	POLICY EXPIRATION DATE (YYYY/MM/DD)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	R33303	2011/05/02	2012/05/02	EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS MADE				GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				PRODUCTS COMPLETED OPERATIONS AGGREGATE	
					PERSONAL INJURY	
					TENANT'S LEGAL LIABILITY	
A	AUTOMOBILE LIABILITY	T33414	2011/05/02	2012/05/02	BODILY INJURY & PROPERTY INCLUSIVE LIMITS	\$2,000,000
	<input type="checkbox"/> DESCRIBED AUTOMOBILES					
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					
	<input checked="" type="checkbox"/> LEASED AUTOS, OPCF 5					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS, SPF 6					
	<input checked="" type="checkbox"/> OPCF 21B - BLANKET					
A	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	OTHER	T33414/R33303	2011/05/02	2012/05/02	<input checked="" type="checkbox"/> PHYSICAL DAMAGE-PER OCC.	ALL PERILS DEDUCTIBLE: \$15,000
	<input checked="" type="checkbox"/> NON-OWNED TRAILERS, 27(B)				DED. \$15,000 ~ LIMIT: \$75,000	
	<input checked="" type="checkbox"/> MOTOR TRUCK CARGO (All Risk)				DED. \$15,000 ~ LIMIT: \$250,000	
	<input type="checkbox"/>					
	<input type="checkbox"/>					

DESCRIPTION OF OPERATIONS / SPECIAL CONDITIONS / OTHER: *Note: Limits are Stated in CANADIAN Dollars*

USUAL TO A TRUCKMAN / COMMON CARRIER. ALL COMMERCIAL VEHICLES OWNED / OPERATED BY OR ON BEHALF OF THE NAMED INSURED.

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CERTIFICATE HOLDER	CANCELLATION
Attn: Fax: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">SPECIMEN</div>	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 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. AUTHORIZED REPRESENTATIVE: <div style="text-align: right; font-family: cursive; font-size: 1.5em;">  </div>