

# CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)  
11/02/07

**BROKER**  
Bunnell Hitchon Insurance  
1-195 Henry Street  
Brantford, ON  
BROKER'S CLIENT ID: BRYAN-3

N3S 5C9

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.

### COMPANIES AFFORDING COVERAGE

COMPANY A	Markel Insurance Co. of Canada
COMPANY B	
COMPANY C	
COMPANY D	

**INSURED'S FULL NAME AND MAILING ADDRESS**  
Jeff Bryan Transport Ltd.  
PO Box 250  
Burford, ON N0E 1A0

### COVERAGES

conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
<b>COMMERCIAL GENERAL LIABILITY</b>	A	2006683	11/02/15	12/02/15	EACH OCCURRENCE	\$ 10000000
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE					GENERAL AGGREGATE	\$ 10000000
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS					PRODUCTS - COMP/OP AGG	\$ 10000000
<input type="checkbox"/> EMPLOYERS'S LIABILITY					PERSONAL INJURY	\$ 10000000
<input type="checkbox"/> CROSS LIABILITY					TENANT'S LEGAL LIABILITY	\$ 500000
<input type="checkbox"/> TENANT'S LEGAL LIABILITY					MED EXP (Any one person)	\$ 2500
<input checked="" type="checkbox"/> NON-OWNED					NON-OWNED AUTO	\$ 10000000
<input type="checkbox"/> HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION	\$ -----
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION					(Per Occurrence)	\$ -----
					(Aggregate)	\$ -----
<b>AUTOMOBILE LIABILITY</b>	A	2006683	11/02/15	12/02/15	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 10000000
<input type="checkbox"/> DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> LEASED AUTOMOBILES					PROPERTY DAMAGE	\$
OPCF 27B non owned automobiles \$50,000 \$25,000 Deductible OPCF 21B, OPCF 5					OWNED TRACTORS & TRAILERS \$10000 ALL PERILS DED OWNER/OPERATOR TRACTORS	
<b>EXCESS LIABILITY</b>					EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA FORM					AGGREGATE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify) _____						
<b>OTHER LIABILITY (SPECIFY)</b> Motor Truck Cargo Liab Including Reefer Breakdwn	A	2006683	11/02/15	12/02/15	All Risk Deductible \$10,000	150,000

ADDITIONAL INSURED	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

<b>CERTIFICATE HOLDER</b> TO WHOM IT MAY CONCERN	<b>CANCELLATION</b> Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail ___ 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.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <b>BUNNELL HITCHON INSURANCE</b>	PRINT NAME INCLUDING POSITION HELD Robyn Selmes Commercial Lines Assistant
FAX NUMBER 519-756-4905	COMPANY Bunnell Hitchon Ins Brokers
EMAIL ADDRESS Per <i>Robyn Selmes</i>	DATE 11/02/07
CSIO CERT (6/00)	