



# CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b> <b>TO WHOM IT MAY CONCERN</b>	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>
ALBERTA	GOT STUMP INC 11251 180 STREET  EDMONTON, AB T5S0B4

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)

Arborist - Trimming, Pruning, Stumo Removal

**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
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Claims Made <b>OR</b> <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input 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 type="checkbox"/>	Intact Insurance Company  5P1529161	2018/ 2 / 28	2019/ 2 / 28	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	2,000,000
				Products and Completed Operations Aggregate		2,000,000
				<input type="checkbox"/> Personal Injury Liability		2,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		10,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles	5P1529161 INTACT	2018/ 2 / 28	2019/ 2 / 28	Non-Owned Automobile		2,000,000
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	Intact Insurance Company  36168	2018 / 2 / 28	2019/ 2 / 28	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
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> E & O <input type="checkbox"/> <input type="checkbox"/>	Miscellaneous  36170	2018 / 2 / 28	2019/ 2 / 28	PROF LI		250,000

**5. 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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial general Liability - but only with respect to the operations of the Named Insured)
MAC Insurance & Registry 14214 Stony Plain Road NW Edmonton, AB T5N 3R3  BROKER CLIENT ID: GOTS50	

**8. CERTIFICATE AUTHORIZATION**

Issuer	MAC Insurance & Registry	Contact Number(s)	
Authorized Representative	Christina Rankin, CAIB	Type	No
Signature of Authorized Representative	<i>X Christina Rankin</i> 2018   3   1	Type <b>Phone</b>	No (780) 705-1113
		Type <b>Fax</b>	No (780) 458-1457
		Date	2018   3   1
		EEmail Address	CHRISTINA@MACINSURANCE.CA