



# 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		G.N. Transport Ltd.	
		163 Bowes Rd	
	POSTAL CODE	Concord ON	POSTAL CODE L4K 1H3

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

Transport, Truckmen (Hauling for Others) - excl. Warehousing

21B Blanket Auto Policy

**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 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 7J9000490	2026/04/11	2027/04/11	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000	
					- EACH OCCURRENCE	10,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000	
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000	
				MEDICAL PAYMENTS		25,000	
				TENANTS LEGAL LIABILITY	10,000	300,000	
				POLLUTION LIABILITY EXTENSION			
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	7J9000490	2026/04/11	2027/04/11	NON-OWNED AUTOMOBILES		5,000,000	
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Intact Insurance Company 7J9000490	2026/04/11	2027/04/11	BODILY INJURY AND PROPERTY DAMAGE COMBINED		5,000,000	
				BODILY INJURY (PER PERSON)			
				BODILY INJURY (PER ACCIDENT)			
				PROPERTY DAMAGE			
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE			
				AGGREGATE			
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Motor Truck Cargo Liability	Intact Insurance Company	2026/04/11	2027/04/11	Catastrophe Limit	10,000	250,000	
<input checked="" type="checkbox"/> Automobile Liability-OPCF 27B	7J9000490			Included		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   0   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)	
Oakway Insurance, a division of Oracle RMS			
35 Royal Group Cres., Unit 2			
Woodbridge ON	POSTAL CODE L4H 1X9		
BROKER CLIENT ID: 62253372		POSTAL CODE	

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER <b>Oakway Insurance, a division of Oracle RMS</b>	AUTHORIZED REPRESENTATIVE <b>Daniele Pinarello</b>	TYPE MAIN NO. (905) 660-9740	TYPE NO.
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Daniele Pinarello</i>		DATE 2026/04/01	EMAIL ADDRESS daniele@oakwayinsurance.ca