

# CONFIRMATION OF INSURANCE COVERAGE

**INSURANCE COMPANY**

*Intact Insurance*

**THIS IS TO CERTIFY TO**

*Whom it May Concern*

That the policies of insurance as herein described  
have been issued to the Insured named below and  
are in force at this date.

**NAME OF INSURED  
ADDRESS OF THE INSURED**

*Paradigm Trucking (Drayton) Lt  
96 Wellington St.  
PO Box 220  
Drayton, ON  
N0G 1P0*

**LOCATION AND OPERATIONS TO  
WHICH THIS CERTIFICATE**

**EFFECTIVE**

*May 9, 2018*

<b>KIND OF POLICY</b>	<b>POLICY NUMBER</b>	<b>EXPIRY DATE</b>	<b>LIMITS</b>
Cargo	AJA003350	May 9, 2019	\$60,000/ Per vehicle
21B Fleet	AJA003350	May 9, 2019	\$2,000,000 Liability
Commercial General Liability	AJA003350	May 9, 2019	\$2,000,000

**NOTES**

The insurance afforded is subject to the terms, conditions and exclusions of the applicable policy. This confirmation is issued as a matter of information only and confers no rights on the holder and imposes no liability on the insurer.

**Date – May 1, 2018**



**Authorized Representative  
Brown Insurance Brokers Ltd**