

CERTIFICATE OF INSURANCE - COMMERCIAL LIABILITY

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
LBEL Inc. and its successors and assigns (collectively "LBEL Inc.")	Paradigm Trucking Ltd.
5035 South Service Road	96 Wellington St., Box 220
Burlington, ON	Drayton, Ontario
L7L 6M9	POSTAL CODE: N0G 1P0

3. BROKER NAME AND MAILING ADDRESS
Brown Insurance Brokers

4. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
2016 KENWORTH 1XKWD49X1GJ981261, 2016 PETERBILT 389 1NPXDP9X2GD298915, 2016 PETERBILT 389 1NPXDP9X3GD298910, 2014 MANAC 5MC422811E5139679, 2014 MANAC 5MC442811E5139675, 2014 KENWORTH 1XKWD49X5EJ967599, 2014 PETERBILT 1NPXD49X1ED241164

5. 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. 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.

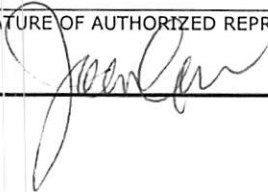
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	AMOUNTS INSURED OR LIMITS OF LIABILITY (Canadian dollars)	
				COVERAGE	AMOUNT OF INSURANCE
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AND PERSONAL LIABILITY <input type="checkbox"/> CROSS LIABILITY CLAUSE & SEVERABILITY OF INTEREST <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY <input type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS <input type="checkbox"/> TENANTS LEGAL LIABILITY - BROAD FORM <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE (INCLUDING OEF 98B/SEF 99) <input type="checkbox"/> SEF 94 - LEGAL LIABILITY FOR DAMAGE TO HIRED AUTOMOBILES <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> EMPLOYERS' BODILY INJURY	R70062A	20/03/01	21/03/01	EACH OCCURRENCE	\$2,000,000.
				AGGREGATE LIMIT(S): \$4,000,000.	
				<input type="checkbox"/> GENERAL	
				<input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS	
				MEDICAL EXPENSE ANY ONE PERSON	
				TENANTS LEGAL LIABILITY PER PREMISES	
				NON-OWNED AUTOMOBILE	\$2,000,000.

ADDITIONAL INSURED YES NO SEE ATTACHED

EXCESS LIABILITY					
<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	
				AGGREGATE	
<input checked="" type="checkbox"/> EXCESS FORM	19P03997-0046	20/03/01	21/03/01	EACH OCCURRENCE	\$3,000,000.
				AGGREGATE	

AUTOMOBILE LIABILITY					
<input checked="" type="checkbox"/> OWNERS POLICY FORM	T70062A	20/03/01	21/03/01		\$2,000,000. OPCF#5 \$10,000. All Perils Deductible
<input checked="" type="checkbox"/> ALL OWNED VEHICLES <input checked="" type="checkbox"/> ALL LEASED VEHICLES FROM LISTED LESSORS <input checked="" type="checkbox"/> DESCRIBED VEHICLES					
<input checked="" type="checkbox"/> GARAGE POLICY FORM	G70062A	20/03/01	21/03/01		\$2,000,000.
<input checked="" type="checkbox"/> INCLUDING OWNED VEHICLES <input type="checkbox"/> EXCLUDING OWNED VEHICLES					

Each of the following Endorsements limit the coverage of the above policy(s):					
Cargo	T700621	20/03/01	21/03/01		\$1,000,000.

6. Special Conditions:		
LBEL Inc. and its successors and assigns (collectively "LBEL Inc.") has been added as an additional insured to the Commercial General Liability Rider of this policy but only with respect to the liability caused, in whole or in part, by the Named Insured in the performance of the insured's ongoing operations. Policy limits are not increased by such addition.		
7. CANCELLATION		
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail <input type="text" value="30"/> days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation nor liability of any kind upon the company, its agents or representatives.		
8. REMARKS/NOTES:		
LBEL Inc. is a loss payee on the described vehicles		
9		
ISSUER: Old Republic Canada	CONTACT NUMBER(S):	
	WORK NO.:	519-343-2420
AUTHORIZED REPRESENTATIVE: Joan Geiger	CELL NO.:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE: 	DATE: March 11, 2020	EMAIL ADDRESS: hollyg@browninsurance.ca