

**CSIO**

# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
Quality Transportation Services NB Ltd.		Quality Transportation Services (NB) Ltd.	
43 Sewell Road		43 Sewell Road	
Jacksonville	NB	POSTAL CODE E7M 3S1	Jacksonville
			NB
			POSTAL CODE E7M 3S1

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
 All limits in Canadian funds, SEF#5 is included.

**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 OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> GROSS 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"/>	Old Republic Insurance Company R50055K	2019/11/01	2020/11/01	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		2,000,000
				- EACH OCCURRENCE		2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
				<input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		100,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Old Republic Insurance Company R50055K	2019/11/01	2020/11/01	NON-OWNED AUTOMOBILES		2,000,000
				HIRED AUTOMOBILES		
				BODILY INJURY AND PROPERTY DAMAGE COMBINED		2,000,000
				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"/> Cargo  <input checked="" type="checkbox"/> SEF#27	Old Republic Insurance Company R50055K	2019/11/01	2020/11/01	All Risk	10,000	250,000
				Non-Owned Trailers	10,000	75,500

**5. CANCELLATION**  
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 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)	
Palmer Atlantic Insurance Ltd.			
a part of Arthur J. Gallagher Canada Limited			
Hartland	NB	POSTAL CODE	E7P2N5
BROKER CLIENT ID:		POSTAL CODE	

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER		TYPE Phone	NO. 505-375-7500
AUTHORIZED REPRESENTATIVE Lori Springer		TYPE Fax	NO. 505-375-4232
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Lori Springer</i>		DATE 2019/10/29	EMAIL ADDRESS