

CSIO

# CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)

25/12/18

## BROKER

Navacord Insurance Services Ontario South West Inc  
325 Devonshire Suite 120  
Windsor ON N8Y2L3

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

BROKER'S CLIENT ID: YORKTRA-03

## COMPANIES AFFORDING COVERAGE

COMPANY

A Cherokee Insurance Company

COMPANY

B

COMPANY

C

COMPANY

D

## INSURED'S FULL NAME AND MAILING ADDRESS

York Transportation Inc.  
1300 South Service Road West  
Oakville ON L6L 5T7

## 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 requirement, term or condition 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CO LTR | POLICY NUMBER        | POLICY EFFECTIVE DATE (YY/MM/DD) | POLICY EXPIRATION DATE (YY/MM/DD) | LIMITS OF LIABILITY<br>(Canadian dollars unless indicated otherwise) |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|----------------------------------|-----------------------------------|----------------------------------------------------------------------|------------------------------|
| <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE<br><input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS<br><input type="checkbox"/> EMPLOYER'S LIABILITY<br><input type="checkbox"/> CROSS LIABILITY<br><input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY<br><input checked="" type="checkbox"/> NON-OWNED<br><input type="checkbox"/> HIRED<br><input type="checkbox"/> POLLUTION LIABILITY EXTENSION | A      | GL26005C             | 26/01/01                         | 27/01/01                          | EACH OCCURRENCE                                                      | \$ 2,000,000                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | GENERAL AGGREGATE                                                    | \$ 2,000,000                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | PRODUCTS - COMPIOP AGG                                               | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | PERSONAL INJURY                                                      | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | TENANT'S LEGAL LIABILITY                                             | \$ 50,000                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | MED EXP (Any one person)                                             | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | NON-OWNED AUTO                                                       | \$ 2,000,000                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | OPTIONAL POLLUTION LIABILITY EXTENSION                               | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | (Per Occurrence)                                                     | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | (Aggregate)                                                          | \$                           |
| <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> DESCRIBED AUTOMOBILES<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> LEASED AUTOMOBILES<br><input type="checkbox"/> OPCF 21B, 27B<br><input checked="" type="checkbox"/> NON-OWNED TRLR<br><small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>                                                                                         | A      | CA26005C             | 26/01/01                         | 27/01/01                          | BODILY INJURY<br>PROPERTY DAMAGE<br>COMBINED                         | \$ 2,000,000                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | BODILY INJURY<br>(Per person)                                        | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | BODILY INJURY<br>(Per accident)                                      | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | PROPERTY DAMAGE                                                      | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | \$75,000 LIMIT                                                       | \$5,000 DED.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   |                                                                      |                              |
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM<br><small>(Specify)</small>                                                                                                                                                                                                                                                                                                                                                         |        |                      |                                  |                                   | EACH OCCURRENCE                                                      | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   | AGGREGATE                                                            | \$                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   |                                                                      |                              |
| <b>OTHER LIABILITY (SPECIFY)</b><br>PHYSICAL DAMAGE<br>TRUCKMANS CARGO LIABILITY<br>REEFER BREAKDOWN INCLUDED                                                                                                                                                                                                                                                                                                                                                                                              | A<br>A | PD26005C<br>MC26005C | 26/01/01<br>26/01/01             | 27/01/01<br>27/01/01              | ALL PERILS<br>\$500,000 LIMIT                                        | \$5,000 DED.<br>\$5,000 DED. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                      |                                  |                                   |                                                                      |                              |

## ADDITIONAL INSURED

## DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

Trucking operations of the named insured. All limits and deductibles shown are in Canadian funds. OPCF21B: Blanket fleet, all vehicles owned by/leased to the named insured.

## CERTIFICATE HOLDER

York Transportation Inc  
1300 South Service Rd W  
Suite 1100  
Oakville ON L6L 5T7 Canada

## 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 TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

## SIGNATURE OF AUTHORIZED REPRESENTATIVE

## PRINT NAME INCLUDING POSITION HELD

Erica Gevaert, Transportation Account Manager

## FAX NUMBER

## EMAIL ADDRESS

on.certificate@navacord.com

## COMPANY

Navacord Insurance Services Ontario South West

## DATE

25/12/18

CSIO CERT (6/00)