



eclearance

Clearance Certificate

Clearance Certificate Generation Result

Contractor Legal / Trade Name	Contractor Address	Contractor Classification Unit and Description	Clearance certificate number	Validity period (dd- mmm-yyyy)	Principal Legal / Trade Name	Principal Address
<u>HOME</u> <u>LUMBER</u> <u>INC</u>	7630 AIRPORT RD, MISSISSAUGA, ON, L4T4G6, CA	5631-001: Lumber, Plywood, and Millwork, Sales	<u>E200000FGBHJ</u>	06-Feb-2019 - 19-May-2019	<u>Goldpark</u> <u>(Pinevalley)</u> <u>Inc.</u>	3300 Highway 7 Suite 400, Concord, ON, L4K 4M3, CAN

CERTIFICATE OF INSURANCE

DATE
(YYYY/MM/DD)
2019-02-05

BROKER
JONES DESLAURIERS
Insurance Management Inc.
2375 Skymark Avenue
Mississauga, ON, L4W 4Y6
Tel: (416) 259-4625 Fax: (416) 259-7178

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.

INSURED

Home Lumber Inc.
714 Birchmount Road,
Scarborough, ON
M1K 1R4

COMPANIES AFFORDING COVERAGE

COMPANY A

Lloyds of London, through Iris Insurance Brokers under
Contract# B1921KC901330S

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 exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)	POLICY EXPIRATION DATE (YYYY/MM/DD)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	KC901330S	2018/12/01	2019/12/01		
	<input type="checkbox"/> CLAIMS MADE				BODILY INJURY & PROPERTY DAMAGE	\$2,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$10,000,000
	<input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS				PRODUCTS / COMPLETED OPERATIONS AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> PERSONAL INJURY				PERSONAL INJURY	\$2,000,000
	<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY				EMPLOYERS' LIABILITY	\$2,000,000
	<input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	\$2,000,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE				NON-OWNED AUTOMOBILE	\$2,000,000
	EXCESS LIABILITY					
	<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL CONDITIONS/OTHER:

Note: Limits are Stated in Canadian Dollars.

Description of Operations: Those usual to the insured's business operations.

Re: Evidence of Insurance

CERTIFICATE HOLDER

Attn: Fax:

GOLDPARK (PINEVALLEY) INC.
3300 Highway 7 Suite 400,
Concord ON
L4K 4M3

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail (0) 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.

AUTHORIZED REPRESENTATIVE:
Jones DesLauriers Insurance Management Inc.

Quirke



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

Goldpark (Pinevalley) Inc.

3300 Highway 7
Suite 400
Concord, ON L4K 4M3

2. INSURED'S FULL NAME AND MAILING ADDRESS

Home Lumber Inc.

714 Birchmount Rd.
Scarborough, ON M1K 1R4

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

Wholesaler of lumber and building supplies.

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 the 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
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input type="checkbox"/> Occurrence <input 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 type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/>				Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence		
				Products and Completed Operations Aggregate		
				<input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		
				Tenants Legal Liability		
				Pollution Liability Extension		
<input type="checkbox"/> Non-Owned Automobiles				Non-Owned Automobile		
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Automobiles <input checked="" type="checkbox"/> Leased Automobiles ** <small>** All Automobiles leased in excess of 30 days where the insured is required to provide insurance</small>	INTACT 730512494	2018 / 12 / 1	2019 / 12 / 1	Bodily Injury and Property Damage Combined		2,000,000
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. 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 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

Encore Insurance Services Inc.
405-30 Duke St W
Kitchener, ON N2H 3W5

BROKER CLIENT ID: ALPA01

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial general Liability - but only with respect to the operations of the Named Insured)

8. CERTIFICATE AUTHORIZATION

Issuer	Encore Insurance Services Inc.	Contact Number(s)	
Authorized Representative	Kristen Woodall	Type	No
Signature of Authorized Representative		Type Phone	No (519) 579-9478
		Type Fax	No (866) 618-3925
		Date	2019 2 5
		EEmail Address	sreid@encoregrp.com