



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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

Proof Of Insurance Only

Basement Technologies

2-36 Albert Street

Hamilton Ontario

POSTAL CODE L8M 2X9

2. INSURED'S FULL NAME AND MAILING ADDRESS

Contractor Services

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

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
COMMERCIAL GENERAL LIABILITY <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"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Totten Group Insurance - TGC53508	2018/12/27	2019/12/27	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		\$5,000,000
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
				MEDICAL PAYMENTS		\$10,000
				TENANTS LEGAL LIABILITY	\$1,000	\$250,000
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Totten Group Insurance - TGC53508	2018/12/27	2019/12/27	NON OWNED AUTOMOBILE		\$1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
				EACH OCCURRENCE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Employee Benefits Liability <input checked="" type="checkbox"/> Employment Practices Liability <input type="checkbox"/>	Totten Group Insurance - TGC53508	2018/12/27	2019/12/27	Each Claim/Aggregate		\$1,000,000
	Totten Group Insurance - TGC53508	2018/12/27	2019/12/27	Each Loss/Aggregate		\$25,000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail _____30_____ days written notice to the certificate holder, 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

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)

Acumen Insurance Group Inc.

835 Paramount Drive Suite 301

Stoney Creek ON

POSTAL CODE L8J 0B4

BROKER CLIENT ID:

8. CERTIFICATE AUTHORIZATION

ISSUER Acumen Insurance Group Inc.

AUTHORIZED REPRESENTATIVE Elena Bagazzoli

SIGNATURE OF AUTHORIZED REPRESENTATIVE

CONTACT NUMBER(S) TYPE Main NO. (905) 574-7000 TYPE Fax NO. (905) 574-8860

DATE March 25, 2019 EMAIL ADDRESS elenab@acumeninsurance.com