



# 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>	
Proof Of Insurance Only		BASEMENT TECHNOLOGIES O	
		2-36 Albert Street	
	POSTAL CODE	Hamilton	Ontario
			POSTAL CODE L8M 2X9

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

Contractor Services

**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 <b>OR</b> <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 type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Totten Group Insurance - 10005692	2019/12/27	2020/12/27	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		\$5,000,000
				- 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						
POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Totten Group Insurance - 10005692	2019/12/27	2020/12/27	NON OWNED AUTOMOBILE	\$10,000	\$2,000,000
<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)		
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)		
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE		
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				EACH OCCURRENCE		
<b>EXCESS LIABILITY</b>				AGGREGATE		
<input type="checkbox"/> UMBRELLA FORM						
<input type="checkbox"/>						
<b>OTHER LIABILITY (SPECIFY)</b>	Totten Group Insurance - 10005692	2019/12/27	2020/12/27	Each Claim/Aggregate		\$250,000
<input checked="" type="checkbox"/> Employee Benefits Liability						
<input checked="" type="checkbox"/> Employment Practices Liability	Totten Group Insurance - 10005692	2019/12/27	2020/12/27	Each Loss/Aggregate		\$1,000,000
<input type="checkbox"/>						

**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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (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:			POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER Acumen Insurance Group Inc.	AUTHORIZED REPRESENTATIVE Elena Bagazzoli	TYPE Main NO. (905) 574-7000	TYPE Fax NO. (905) 574-8860
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE March-17-20	EMAIL ADDRESS elenab@acumeninsurance.com	