

CERTIFICATE OF 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	2A. INSURED'S FULL NAME AND MAILING ADDRESS
To Whom it May Concern	Tricor Transportation Inc
	2A - 3411 Shenton Road, Nanaimo, BC V9T 2H1
	2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (but only with respect to the operations of the Named Insured)
	Hauling of Goods for Others and Freight forwarder operating out of 3 offices, Nanaimo, Calgary and Toronto.
POSTAL CODE	

3. 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 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 (MM/yyyy)	EXPIRY DATE (MM/yyyy)	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 checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Canadian Northern Shield - COM800307276	2/7/2019	2/7/2020	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY NON OWNED AUTOMOBILE	\$1,000	\$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$10,000 \$300,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> ** 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		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify)				EACH OCCURRENCE AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Northbridge General Insurance Corporation - AIMI-6283	7/18/2018	7/18/2019	Broad Form	\$5,000	\$250,000

4. CANCELLATION

5. BROKER'S FULL NAME AND MAILING ADDRESS	6. ADDITIONAL INSURED NAME AND MAILING ADDRESS
Western Financial Group (Network) Inc. trading as Western Financial Group (NN1)	
20-2220 Bowen Road	
Nanaimo BC	
POSTAL CODE V9S 1H9	
BROKER'S CLIENT ID: TRICTRA001	POSTAL CODE

7. CERTIFICATE AUTHORIZATION

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME Alice Bilton, CAIB	POSITION HELD	DATE February 05, 2019
COMPANY Western Financial Group (Network) Inc. tra	EMAIL ADDRESS Alice.Bilton@westernfg.ca	CONTACT NUMBER HOME BUSINESS (250) 758-3343	CELL FAX (250) 758-1066



Non-Owned Vehicle Damage Policy

Name of Insured(s):
Tricor Transportation Inc.

Transaction Number:
1059573282

Effective Date:
01Jul2018

Expiry Date:
30Jun2019

The insured hereby applies to the Corporation for a Non-Owned Vehicle Damage Policy, and this application forms part of the policy of insurance.

In consideration of the premium paid for this policy and in accordance with the applicable terms and conditions of the Optional Policy, the Corporation agrees to indemnify the insured against liability of the Insured, or liability as assumed by the insured under a contract or agreement, to the owner of any vehicle other than a vehicle owned or leased by an owner/operator for the direct loss or damage to such vehicle while in the care, custody or control of the insured or an owner/operator, where the loss or damage arises from such of the perils described in the coverage set out below, for which a premium is specified.

Insured's Industry Is: Transportation

VEHICLE TYPE (1-6)	NUMBER OF VEHICLES*	HIGHEST DECLARED VALUE	RATE CLASS	TRAILER** RATE CLASS	TERRITORY
6	1	\$90,000	408	514	WXY

*The total number of non-owned motor vehicles or trailers that will be in the care, custody or control of the insured or an owner/operator or operated by a licensed driver with the consent of the insured or owner/operator at any one time shall not exceed this number.

**If insuring a trailer, also indicate the rate class of the towing unit.

Coverages	Deductible	Annual Premium
Own Damage		
Collision (Optional Policy, Division 5)	\$1,000	\$1,002
Comprehensive (Optional Policy, Division 5)	\$500	\$482
Specified Perils (Optional Policy, Division 5)	N/A	N/A
Total Annual Premium		\$1,484
Fleetplan Discount/Surcharge		N/A
Annual Net Premium		\$1,484
Prorated Premium		\$1,484

(MINIMUM NON-REFUNDABLE PREMIUM \$30)

Total Amount/Refund Due: \$1,484

WARNING

1. This policy is invalid with respect to any vehicle that is not required to be licensed under the Motor Vehicle Act or similar legislation of another jurisdiction.
2. Use of a vehicle by persons or for purposes not permitted by the Insurance (Vehicle) Act and the Insurance (Vehicle) Regulation (the Regulation) or by the rate class shown above may invalidate this policy.

Terms and Conditions:

The right of the insured to recover indemnity under this policy shall be subject to the following terms, conditions and limitations:

1. Notwithstanding any other term of this policy, this policy is void if it is issued to a named insured who is not a resident of British Columbia, a legal entity incorporated in B.C. or an organization with extra-provincial legal status in B.C.