



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		2. INSURED'S FULL NAME AND MAILING ADDRESS	
To Whom It May Concern		TEAKWOOD FLOORING CORP	
		157 Cranesbill Rd	
	POSTAL CODE	Stittsville	ON
			POSTAL CODE K2V 0J4

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

INSTALLATION OF HARDWOOD FLOORING

Confirmation of Insurance Coverage Only

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 type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	The Commonwell Mutual Insurance Group C0000193757	2024/03/15	2025/03/15	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE				
						- EACH OCCURRENCE		2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE				3,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY				2,000,000
				MEDICAL PAYMENTS				25,000
				TENANTS LEGAL LIABILITY	500			500,000
				POLLUTION LIABILITY EXTENSION				
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	The Commonwell Mutual Insurance Group C0000193757	2024/03/15	2025/03/15	NON-OWNED AUTOMOBILES		2,000,000		
				HIRED AUTOMOBILES	500	50,000		
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				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"/>				EACH OCCURRENCE				
				AGGREGATE				
OTHER LIABILITY (SPECIFY) <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 0 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		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Brokerlink Inc			
1469 Stittsville Main St.,			
Stittsville	ON	POSTAL CODE K2S 1B3	
BROKER CLIENT ID:			POSTAL CODE

8. CERTIFICATE AUTHORIZATION

ISSUER Brokerlink Inc.	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Dan Bedard	TYPE Phone	NO. 613.836.2473	TYPE NO.
	TYPE Fax	NO. 613.831.1672	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2024/07/31	EMAIL ADDRESS dbedard@brokerlink.ca	