

# CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)

09/10/07

BROKER

**Safety Insurance**

 538 Main Street, Unit 1  
 Hartland, NB

E7P 2N5

 BROKER'S CLIENT ID: **GMRIO-3**

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.

**COMPANIES AFFORDING COVERAGE**

 COMPANY A **Kingsway General Insurance Co.**

 COMPANY B **Elliott Special Risks**

COMPANY C

COMPANY D

INSURED'S FULL NAME AND MAILING ADDRESS

**Gilbert M Rioux & Fils Ltée**  
**Grand Falls Transport Ltd.**  
 855 Rte 108  
 St. Andre, NB E3Y 1C9

**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.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
<b>COMMERCIAL GENERAL LIABILITY</b>					EACH OCCURRENCE	\$ <b>\$500000</b>
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE					GENERAL AGGREGATE	\$
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS	A	<b>KGHOLH1000370</b>	<b>09/09/30</b>	<b>10/09/30</b>	PRODUCTS - COMP/OP AGG	\$
<input type="checkbox"/> EMPLOYERS'S LIABILITY					PERSONAL INJURY	\$
<input type="checkbox"/> CROSS LIABILITY					TENANT'S LEGAL LIABILITY	\$
<input type="checkbox"/> TENANT'S LEGAL LIABILITY					MED EXP (Any one person)	\$
<input type="checkbox"/> NON-OWNED					NON-OWNED AUTO	\$
<input type="checkbox"/> HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION	\$ <b>\$2000000</b>
<input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION	B	<b>EILM0013</b>	<b>09/09/30</b>	<b>10/09/30</b>	(Per Occurrence)	\$
					(Aggregate)	\$
<b>AUTOMOBILE LIABILITY</b>					BODILY INJURY PROPERTY DAMAGE COMBINED	\$ <b>\$5000000</b>
<input type="checkbox"/> DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input checked="" type="checkbox"/> ALL OWNED AUTOS	A	<b>KGHOLH1000370</b>	<b>09/09/30</b>	<b>10/09/30</b>	BODILY INJURY (Per accident)	\$
<input checked="" type="checkbox"/> LEASED AUTOMOBILES	A	<b>KGHOLH1000370</b>	<b>09/09/30</b>	<b>10/09/30</b>	PROPERTY DAMAGE	\$
<b>SEF #27 - \$50,000</b>	A	<b>KGHOLH1000370</b>	<b>09/09/30</b>	<b>10/09/30</b>		
<b>SEF # 5 Included</b>	A	<b>KGHOLH1000370</b>	<b>09/09/30</b>	<b>10/09/30</b>		
<small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>						
<b>EXCESS LIABILITY</b>					EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA FORM					AGGREGATE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify)						
<b>OTHER LIABILITY (SPECIFY) Cargo</b>	A	<b>KGHOLH1000370</b>	<b>09/09/30</b>	<b>10/09/30</b>	<b>All Risks</b>	<b>200,000</b>
					<b>Mechanical Breakdown</b>	
					<b>Deductible - \$5,000</b>	

ADDITIONAL INSURED

 DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS  
**" ALL LIMITS IN CANADIAN FUNDS "**
**CERTIFICATE HOLDER**
**Gilbert M Rioux & Fils Ltée**  
**Grand Falls Transport Ltd.**  
**Fax: 506-473-4469**  
 855 Route 108  
 St. Andre, NB E3Y 1C9

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 15 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.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

PRINT NAME INCLUDING POSITION HELD

**Venita Orser**

vorser.safe-01@insuremail.net

FAX NUMBER

506-375-4232

EMAIL ADDRESS

COMPANY

**Safety Insurance Services**

DATE

09/10/07

CSIO CERT (6/00)