


CERTIFICATE OF INSURANCE

DATE

May 1, 2020

BROKER
 **Jones DesLauriers Insurance Management, Inc.**
 2375 Skymark Avenue,
 Mississauga, ON , L4W 4Y6
 Tel: (416) 259-4625 Fax: (416) 259-7178



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.

INSURED	COMPANIES AFFORDING COVERAGE	
Magnum Millwork Inc. 61 Industry Street York, ON M6M 4L5	COMPANY A	AIG Insurance Company of Canada
	COMPANY B	
	COMPANY C	
	COMPANY D	

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.**


CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)	POLICY EXPIRATION DATE (YYYY/MM/DD)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	58235014	2019-09-09	2020-09-09		
	<input type="checkbox"/> CLAIMS MADE				BODILY INJURY & PROPERTY DAMAGE INCLUSIVE LIMITS	<i>\$5,000,000</i>
	<input checked="" type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	<i>\$5,000,000</i>
	<input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS				PRODUCTS / COMPLETED OPERATIONS AGGREGATE	<i>\$5,000,000</i>
	<input checked="" type="checkbox"/> PERSONAL INJURY				PERSONAL INJURY	<i>\$5,000,000</i>
	<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY				EMPLOYERS' LIABILITY	<i>\$1,000,000</i>
	<input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY	<i>\$5,000,000</i>
	<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE				NON-OWNED AUTOMOBILE	<i>\$5,000,000</i>

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL CONDITIONS/OTHER: **Note: Limits are Stated in Canadian Dollars.**

Description of Operations: Manufacturer of custom cabinetry

Operations: Upcoming Projects

.....is added as Additional Insured but only with respect to liability arising solely out of the operations of the Named Insured and only with respect to Commercial General Liability.

CERTIFICATE HOLDER	CANCELLATION
Attn: _____ Fax: _____	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 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. AUTHORIZED REPRESENTATIVE: Stephanie Vukovics  Jones DesLauriers Insurance Management, Inc.