



# 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>				
To Whom It May Concern		1293641 BC Ltd. O/A Ideal Siding Coquitlam				
		1306 - 13380 108 Ave,				
		POSTAL CODE	Surrey	BC	POSTAL CODE V3T 0E7	
<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES</b> (but only with respect to the operations of the Named Insured)						
Siding Contractor						
<b>4. COVERAGES</b>						
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 checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" 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"/>	Peace Hills Insurance 763802	2025/04/07	2026/04/07	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE	\$2,500	\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$2,500	\$2,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$2,500	\$2,000,000
				MEDICAL PAYMENTS		\$5,000
				TENANTS LEGAL LIABILITY	\$2,500	\$2,000,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	""	2025/04/07	2026/04/07	NON-OWNED AUTOMOBILES	\$2,500	\$2,000,000
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES		
<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** 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		
<b>EXCESS LIABILITY</b>  <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/>						
<input type="checkbox"/>						
<b>5. CANCELLATION</b>						
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ 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.						
<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)				
Central Agencies Ltd.						
502 - 6339 200 Street						
Langley, BC		POSTAL CODE	V2Y 1A2			
BROKER CLIENT ID:						
		POSTAL CODE				
<b>8. CERTIFICATE AUTHORIZATION</b>						
ISSUER Central Agencies Ltd.		CONTACT NUMBER(S)				
AUTHORIZED REPRESENTATIVE Adam Smith - Broker		TYPE Office NO. (604) 757-6796		TYPE NO.		
		TYPE Direct NO. (604) 409-8033		TYPE NO.		
SIGNATURE OF AUTHORIZED REPRESENTATIVE Adam Smith		DATE 2025/02/21		EMAIL ADDRESS adamsmith@brokerbc.ca		