



# 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		3717 Investments Ltd. d/b/a Student Works Painting & Pro Works Painting	
		#119-2455 Dollarton Hwy	
	POSTAL CODE	North Vancouver	British Columbia
			POSTAL CODE V7H 0A2

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

Interior and Exterio Painting Services

**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	
<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 type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Economical Mutual Insurance Company - 40264598	2024/02/01	2025/02/01	COMMERCIAL GENERAL LIABILITY	\$10,000		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY			\$5,000,000
				- GENERAL AGGREGATE			\$5,000,000
				- EACH OCCURRENCE			\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE			\$5,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY			\$5,000,000
				MEDICAL PAYMENTS			\$25,000
				TENANTS LEGAL LIABILITY			\$1,000,000
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION							
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Economical Mutual Insurance Company - 40264598	2024/02/01	2025/02/01	NON OWNED AUTOMOBILE		\$1,000,000	
<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY AND PROPERTY DAMAGE COMBINED			
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)			
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)			
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE			
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				EACH OCCURRENCE			
<b>EXCESS LIABILITY</b>				AGGREGATE			
<input type="checkbox"/> UMBRELLA FORM							
<input type="checkbox"/>							
<b>OTHER LIABILITY (SPECIFY)</b>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

**5. CANCELLATION**

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)	
Benson Kearley IFG			
17705 Leslie Street, Suite 101			
Newmarket	ON	POSTAL CODE L3Y 3E3	
BROKER CLIENT ID: STUDE-1			POSTAL CODE

8. CERTIFICATE AUTHORIZATION			
ISSUER Benson Kearley IFG	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Michelle MacAloney	TYPE Main	NO. (905) 898-3815	TYPE Fax NO. (905) 853-6127
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Michelle MacAloney</i>	TYPE	NO.	TYPE NO.
	DATE December 08, 2023	EMAIL ADDRESS mmacaloney@bkifg.com	