

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 |
| Transam Carriers Inc 8500A Keele Street Concord ON POSTAL CODE L4K 2A6 | Transam Carriers Inc 8500A Keele Street Concord ON POSTAL CODE L4K 2A6 |

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

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"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE <u>OR</u> <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION | Northbridge Commercial Ins. 2011824 | 2016/05/22 | 2017/05/22 | COMMERCIAL GENERAL LIABILITY | | \$3,000,000 |
| | | | | BODILY INJURY AND PROPERTY DAMAGE LIABILITY | | |
| | | | | - GENERAL AGGREGATE | | |
| | | | | - EACH OCCURRENCE | | \$2,000,000 |
| | | | | PRODUCTS AND COMPLETED OPERATIONS AGGREGATE | | |
| | | | | <input type="checkbox"/> PERSONAL INJURY LIABILITY | | |
| | | | | OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY | | \$2,000,000 |
| MEDICAL PAYMENTS | | \$10,000 | | | | |
| TENANTS LEGAL LIABILITY | | \$2,000,000 | | | | |
| POLLUTION LIABILITY EXTENSION | | | | | | |
| <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES | Northbridge Commercial Ins. 2011824 | 2016/05/22 | 2017/05/22 | NON OWNED AUTOMOBILE | | \$2,000,000 |
| | | | | | | |
| AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE | Northbridge Commercial Ins. 2011824 | 2016/05/22 | 2017/05/22 | BODILY INJURY AND PROPERTY DAMAGE COMBINED | | \$2,000,000 |
| | | | | BODILY INJURY (PER PERSON) | | |
| | | | | BODILY INJURY (PER ACCIDENT) | | |
| | | | | PROPERTY DAMAGE | | |
| OTHER (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo <input checked="" type="checkbox"/> Mechanical/reefer breakdown <input checked="" type="checkbox"/> Physical Damage -All Perils <input checked="" type="checkbox"/> OPCF 27B - Non-Owned <input checked="" type="checkbox"/> OPCF 27B - Non-Owned <input checked="" type="checkbox"/> MPCF 5G, 21B | Northbridge Commercial Ins. 2011824 | 2016/05/22 | 2017/05/22 | Standard Form | \$10000 | \$500,000 |
| | | | | Included | | |
| | | | | Tractors/Trailers | \$10000 | |
| | | | | Tractors | \$10000 | \$100,000 |
| | | | | Trailers | \$10000 | \$100,000 |
| | | | | Included | | |

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 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 (but only with respect to the operations of the Named Insured) |
| DALTON TIMMIS INS. GROUP, INC. 35 Stone Church Rd., 3rd flr. Ancaster ON POSTAL CODE L9K 1S5 | |

BROKER CLIENT ID:

| | |
|--|--------------------------------------|
| 8. CERTIFICATE AUTHORIZATION | CONTACT NUMBER(S) |
| ISSUER | TYPE Phone NO. 905-648-3922 TYPE NO. |
| AUTHORIZED REPRESENTATIVE Nelia Rebelo | TYPE Fax NO. 905-648-6980 TYPE NO. |

SIGNATURE OF AUTHORIZED REPRESENTATIVE *N Rebelo* DATE 2016/10/07 EMAIL ADDRESS amandak@daltontimmis.com