

# CSIO CERTIFICATE OF INSURANCE

DATE & TIME:  
1/22/2016 2:50 PM

**BROKER**  
Reliance Insurance Agencies Ltd.  
4853 Hastings Street  
Burnaby, BC V5C 2L1  
(T)604-255-4616 (F)604-255-1117 (TF)1-877-354-2623

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**

**INSURED**  
**MICHAEL ROBERT JASMER O/AQUALITY ONE HOME SERVICES**  
**1181 FLETCHER WAY**  
**PORT COQUITLAM BC, V3C 6B5**

COMPANY A INTACT INSURANCE COMPANY  
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.

CO LTR	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YYYY)	Policy Expiration Date (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	501335532	02/14/16	02/14/17	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$ n/a
	<input type="checkbox"/> CLAIMS MADE				PRODUCTS & COMPLETED OPERATIONS, AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> OCCURRENCE				PERSONAL INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY				TENANT'S LEGAL LIABILITY	\$ 500,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE LIABILITY				MEDICAL PAYMENTS (Any One Person)	\$ 10,000
	<input type="checkbox"/> HIRED				NON-OWNED AUTOMOBILE LIABILITY	\$ 2,000,000
	<b>OTHER COVERAGES</b>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

**DESCRIPTION OF OPERATIONS / LOCATIONS / AUTOMOBILES / SPECIAL ITEMS**

**WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED ONLY.**  
**ABOVE COVERAGE IS SUBJECT TO TERMS AND CONDITIONS, EXCLUSIONS AND LIMITATIONS OF THE ABOVE STATED POLICIES.**

**ADDITIONAL INSURED**

Generic Proof of Insurance

**CERTIFICATE HOLDER**

Generic Proof of Insurance

This certificate supercedes and replaces any previously issued certificate.

**CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail \_0\_ days written notice, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**AUTHORIZED REPRESENTATIVE**

RELiance INSURANCE AGENCIES LTD.

Per: 

TINA CHWIENDACZ ACCOUNT MANAGER  
RELiance INSURANCE AGENCIES LTD.