CSIO	CERTIFIC	CATE OF	LIABILIT	TY INSURANCE			
This certificate is issued as a matt	ter of information only and c certificate does not amend,				ty on the insu	irer.	
1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS			2. INSURED'S FULL NAME AND MAILING ADDRESS				
To Whom it May Concern			Cal-Chek Canada Inc.				
			250 Governors	Road			
	1		Dundas, ON				
POSTAL CODE						POSTAL L9H 3K3	
3. DESCRIPTION OF OPERATIONS/LOCATIO		S TO WHICH THIS CEI	RTIFICATE APPLIES (bi	ut only with respect to the operations of	the Named Insure	ed)	
This Certificate issued as pro- SEE ATTACHED REMARKS O	of of Insurance only. VERFLOW						
4. COVERAGES							
	document with respect to which this co	ertificate may be issued	or may pertain. The insu	d indicated notwithstanding any requiremen urance afforded by the policies described he			
			DWN MAY HAVE BEEN REDUCED BY PAID CLAIMS LIMITS OF LIABILITY				
TYPE OF INSURANCE	INSURANCE COMPANY	EFFECT DATE		(Canadian dollars unless indicated otherwise)			
	AND POLICY NUMBER	YYYY/MN	M/DD YYYY/MM/DD	COVERAGE	DED.	AMOUNT OF INSURANCE	
COMMERCIAL GENERAL LIABILITY				COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE			
CLAIMS MADE OR X OCCURRENCE				LIABILITY - GENERAL AGGREGATE		F 000 00	
PRODUCTS AND / OR COMPLETED OPERATIONS	Intact Insurance Company	2222/5		- EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS	S	5,000,000 5,000,000	
☐ EMPLOYER'S LIABILITY ☐ CROSS LIABILITY	5A5001697	2020/5	2021/5/23	AGGREGATE PERSONAL INJURY LIABILITY	-	5,000,000	
				OR PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000	
				MEDICAL PAYMENTS		50,00	
X TENANTS LEGAL LIABILITY				TENANTS LEGAL LIABILITY		1,000,000	
POLLUTION LIABILITY EXTENSION				POLLUTION LIABILITY EXTENSION		, ,	
NON-OWNED AUTOMOBILES HIRED AUTOMOBILES	Intact Insurance Company 5A5001697	2020/5	5/23 2021/5/23	NON OWNED AUTOMOBILE		5,000,000	
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY			
DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES				DAMAGE COMBINED BODILY INJURY (PER PERSON)			
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)			
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				PROPERTY DAMAGE			
EXCESS LIABILITY				EACH OCCURRENCE	+		
UMBRELLA FORM				AGGREGATE			
OTHER LIABILITY (SPECIFY)							
5. CANCELLATION							
Should any of the above described pol	licies be cancelled before the	expiration date th	ereof, the issuing o	company will endeavor to mail	n/a days wr	ritten notice to the	
certificate holder named above, but fai	lure to mail such notice shall	impose no obliga			ents or repres	entatives.	
6. BROKERAGE/AGENCY FULL NAME AND	MAILING ADDRESS			SURED NAME AND MAILING ADDRESS to the operations of the Named Insured)			
Lawrie Insurance Group Inc.			·				
105 Main Street East - 14th Floo	or						
Hamilton, ON							
	POSTAL L	.8N1G6					
BROKER CLIENT ID: CAL-CAN-01						POSTAL CODE	
8. CERTIFICATE AUTHORIZATION						1	
ISSUER Lawrie Insurance Group Inc	C.		CONTACT NUMBER(S)	(005) 505 7050		(00E) FO4 70CC	
AUTHORIZED REPRESENTATIVE Independer	nt Business Unit			NO. (905) 525-7259 TYPE NO. TYPE	Fax NO.	(905) 521-7989	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	Wili'		DATE 2020/ 5	5/12 EMAIL ADDRESS SVIOII	@danlawrie.d	com	

REMARKS	CAL-CAN-01	EALFANO	PAGE 1	OF 1
Description of Operations/Locations/Automobiles/Special Items to whice All other terms and conditions remain unchanged.	h this Certificate Applies:			
All other terms and conditions remain unchanged.				