

CSIO	CERTIFICATE OF INSURANCE	DATE (YY/MM/DD) 16/05/13
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BROKER Dan Lawrie Insurance Brokers 105 Main St. E., 14th Floor Hamilton, ON L8N 1G6 BROKER'S CLIENT ID: CALCH-1	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. <div style="text-align: center;">COMPANIES AFFORDING COVERAGE</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">COMPANY A</td> <td>Intact Insurance Company</td> </tr> <tr> <td style="text-align: center;">COMPANY B</td> <td></td> </tr> <tr> <td style="text-align: center;">COMPANY C</td> <td></td> </tr> <tr> <td style="text-align: center;">COMPANY D</td> <td></td> </tr> </table>	COMPANY A	Intact Insurance Company	COMPANY B		COMPANY C		COMPANY D	
COMPANY A	Intact Insurance Company								
COMPANY B									
COMPANY C									
COMPANY D									
INSURED'S FULL NAME AND MAILING ADDRESS Cal Chek Canada o/b John Newitt 250 Governors Road Dundas, ON L9H 3K3									

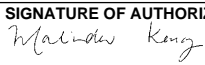
COVERAGES

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.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)
COMMERCIAL GENERAL LIABILITY					
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE	A	5A5001697	16/05/23	17/05/23	EACH OCCURRENCE \$ 5000000
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS	A	5A5001697	16/05/23	17/05/23	GENERAL AGGREGATE \$
<input checked="" type="checkbox"/> EMPLOYERS'S LIABILITY	A	CONTINGENT	16/05/23	17/05/23	PRODUCTS - COMP/OP AGG \$ 5000000
<input checked="" type="checkbox"/> CROSS LIABILITY	A	5A5001697	16/05/23	17/05/23	PERSONAL INJURY \$ 5000000
<input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY	A	5A5001697	16/05/23	17/05/23	TENANT'S LEGAL LIABILITY \$ 250000
<input checked="" type="checkbox"/> NON-OWNED	A	5A5001697	16/05/23	17/05/23	MED EXP (Any one person) \$ 25000
<input type="checkbox"/> HIRED					NON-OWNED AUTO \$ 5000000
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION					OPTIONAL POLLUTION LIABILITY EXTENSION \$
					(Per Occurrence) \$
					(Aggregate) \$
AUTOMOBILE LIABILITY					
<input type="checkbox"/> DESCRIBED AUTOMOBILES					BODILY INJURY PROPERTY DAMAGE COMBINED \$
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
<input type="checkbox"/> LEASED AUTOMOBILES					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
<small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>					
EXCESS LIABILITY					
<input type="checkbox"/> UMBRELLA FORM					EACH OCCURRENCE \$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					AGGREGATE \$
(Specify) _____					
OTHER LIABILITY (SPECIFY)					

ADDITIONAL INSURED	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS This certificate is issued as proof of insurance only. BUSINESS OPERATIONS: CALIBRATION OF TESTING EQUIPMENT. All other terms and conditions remain unchanged.
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CERTIFICATE HOLDER To Whom It May Concern	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>N/A</u> days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME INCLUDING POSITION HELD Malinda Kong Client Service Broker
FAX NUMBER 905-521-7989	EMAIL ADDRESS mkong@danlawrie.com
COMPANY Dan Lawrie Insurance Brokers	DATE 16/05/13