EALFANO

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	Cal-Chek Canada Inc.
	250 Governors Road
	Dundas, ON
POSTAL CODE	POSTAL CODE L9H 3K3

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

This Certificate is issued as Proof of Insurance only.

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 ☐ CLAIMS MADE **OR** ☒ OCCURRENCE ☒ PRODUCTS AND / OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☐ CROSS LIABILITY ☒ TENANTS LEGAL LIABILITY ☐ POLLUTION LIABILITY EXTENSION	Intact Insurance Company 5A5001697	2026/5/23	2027/5/23	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				- EACH OCCURRENCE	2,500	10,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	2,500	10,000,000
				☐ PERSONAL INJURY LIABILITY OR ☒ PERSONAL AND ADVERTISING INJURY LIABILITY	2,500	10,000,000
				MEDICAL PAYMENTS		50,000
				TENANTS LEGAL LIABILITY	1,000	1,000,000
				POLLUTION LIABILITY EXTENSION		
☒ NON-OWNED AUTOMOBILES ☐ HIRED AUTOMOBILES	Intact Insurance Company 5A5001697	2026/5/23	2027/5/23	NON OWNED AUTOMOBILE		10,000,000
AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
EXCESS LIABILITY ☐ UMBRELLA FORM ☐				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) ☐						
☐						
☐						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 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)
Lawrie Insurance Group Inc.	AS PER DESCRIPTION OF OPERATIONS
105 Main Street East - 14th Floor	
Hamilton, ON	
POSTAL CODE L8N 1G6	
BROKER CLIENT ID: CALCHEK-01	POSTAL CODE

8. CERTIFICATE AUTHORIZATION

ISSUER **Lawrie Insurance Group Inc.**

AUTHORIZED REPRESENTATIVE **Independent Business Unit**

CONTACT NUMBER(S)

TYPE **Phone** NO. **(905) 525-7259** TYPE **Fax** NO. **(905) 521-7989**

TYPE NO. TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE Sandra Violi

DATE **2026/5/4** EMAIL ADDRESS svioli@lawriegroup.com