

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 8/23/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | policy, certain policies may require an e | endorsement. A statemer | nt on this certifica | te does no | t confer rights to the ce | ertificate holder in lieu of such | endorse | ment(s). | |
|---|--|--|-------------------------|--|---|---|-------------------------------|---------------------------------------|--|
| PRODUCER: KEN PARKIN | | | | INSURER(S) AFFORDING COVERAGE | | | | NAIC# | |
| JOHNSTON MEIER INSURANCE AGENCIES GROUP | | | | INSURER INCLINANCE CORRECTATION OF PRITISH COLUMNS | | | | | |
| #2 – 20178 – 96 th AVENUE | | | | Α | INSURANCE CORPORATION OF BRITISH COLUMBIA | | | | |
| LANGLEY, BC, V1M 0B2 | | | | INSURER | NORTHBRIDGE GENERAL INSURANCE CORPORATION AS | | | | |
| TEL: 1-604-513-9259 or 1-888-883-8892 FAX: 604-513-9279 | | | | B | ARRANGED BY AVEC INSURANCE MANAGERS INC. | | | | |
| E-MAIL: ken.parkin@jmins.com | | | | С | THE WORKERS' COM | THE WORKERS' COMPENSATION BOARD OF BC | | | |
| INSURED: | | | | INSURER | | | | | |
| C & K EXPRESS (2003) INC. | | | | INSURER | | | | | |
| 27538 – 31 st AVENUE | | | | E | | | | | |
| ALDERGROVE, BC, V4W 3L4 | | | | | | | | | |
| TEL: 1-604-625-4444 OR 1-800-663-0002 FAX: 1-888-722-7318 | | | | | | | | | |
| ГАЛ | : 1-888-722-7318 | | | | | | | | |
| SECTION AND | /ERAGES | | | | | | | | |
| THIS | IS TO CERTIFY THAT THE POLICIES OF INSURA | ANCE LISTED BELOW HAVE BE | EEN ISSUED TO THE I | NSURED NA | MED ABOVE FOR THE POL | ICY PERIOD INDICATED, NOTWITH | ISTANDING | ANY | |
| THE F | JIREMENT, TERM OR CONDITION OF ANY CO POLICIES DESCRIBED HEREIN IS SUBJECT TO A | NTRACT OR OTHER DOCUME | AND CONDITIONS O | O WHICH TH | HIS CERTIFICATE MAY BE IS | SUED OR MAY PERTAIN, THE INSU | JRANCE AF | FORDED BY | |
| INSR LTR | TYPE OF INSURANCE | | POLICY EFFECT | | CIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EXPIRATION LIMITS | | | | |
| LTR | | POLICY NUMBER | DATE (MM/DD | /YY) | DATE (MM/DD/YY) | **All policy limits are in | | unds** | |
| В | GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY | A1841 5720 | 20 00/00/ | | | GENERAL AGGREGATE | \$ 2,0 | 00,000. | |
| Ь | CLAIMS MADE OCCUR | AIMI-5720 | 06/03/12 | 2 | 06/03/13 | PRODUCTS - COMP/OP AGG | \$ 2,0 | 00,000. | |
| | OWNER'S & CONTRACTORS PROT EMPLOYERS LIABILITY | | | | | PERSONAL & ADV INJURY | \$ 2,0 | 00,000. | |
| | | | | | | EACH OCCURRENCE | \$ 2,000,000. | | |
| | CONTINGENT EMPLOYERS LIABILITY (WITH RESPECT TO CDN OPS) | | | | | FIRE DAMAGE (Any one fire) | \$ 2,0 | 00,000. | |
| | | | | | | MED EXP (Any one person) | \$ | 2,500. | |
| ^ | AUTOMOBILE LIABILITY ANY AUTO | ANY AUTO | | 2 | 07/31/13 | COMBINED SINGLE LIMIT | MBINED SINGLE LIMIT \$ 10,000 | | |
| A | ALL OWNED AUTOS 713917 | | 08/01/12 | | | BODILY INILIBY | | | |
| | SCHEDULED AUTOS | | | | | (Per person) | \$ in | cluded | |
| | HIRED AUTOS | | | | | BODILY INJURY (Per accident) | \$ in | cluded | |
| | NON-OWNED AUTO/TRAILER LIABILITY | | | | | PROPERTY DAMAGE | \$ inc | cluded | |
| | CONTRACTORS EQUIPMENT | | | | | | 2 1116 | cluded | |
| | TRAILER INTERCHANGE PHYSICAL DAMAGE, INCLUDES COVERAGE TO NON- | | | | | ACV (PER TRAILER) | | | |
| | OWNED TRAILERS. CONTAINERS AND CHASSIS. | | | | | DEDUCTIBLE | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 697571 AA (041) | | | | STATUTORY LIMITS | Carlo San | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| С | THE PROPRIETOR/ | | | tinuous as tatute regu | | OTHER | | | |
| | PARTNERS/EXECUTIVE INCL | | | - | etter please visit: | EL EACH ACCIDENT | | - Edward F | |
| | OFFICERS ARE: EXCL | | | v.worksafebc.com | | EL DISEASE – POLICY LIMIT EL DISEASE – EA EMPLOYEE | | | |
| | OTHER "AND THE STATE OF THE STA | | | | | | *. * | | |
| В | "All Risk" Motor Truck Cargo | AIMI-5720 | 06/03/12 | | 06/03/13 | \$ 500,000. limit per u | nit* | | |
| | *Motor Truck Cargo policy includes co | otor Truck Cargo policy includes coverage for Debris Removal, Freight Charge | | | | \$ 2,500. deductible | | | |
| *Motor Truck Cargo policy does not include coverage for Reefer Breakdown. ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) | | | | | | | | | |
| ene | ral Truckman – operating in Canada and | the United States | marks Schedule, if more | e space is requ | uired) | | | | |
| | operating in canada and | the officed states. | | | | | | | |
| | | | | | | | | | |
| ERTIFICATE HOLDER CANCELLATION | | | | | | | | | |
| CANCELLATION CANCELLATION | | | | | | | | | |
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE | | | | | | | | | |
| | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| ļ. | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | | | | | |
| | | | | | | Lite | 1 | The same and | |
| 1 | | | | | KEN PARKIN, ACCOUNT EXECUTIVE | | | | |
| JOHNSTON MEIER INSURANCE AGENCIES GROUP | | | | | | | | - 1 | |

ACORD 25 (2010/05)

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