

# CERTIFICATE OF INSURANCE

**ISSUE DATE (MM/DD/YYYY)**  
**5/24/2017**

**BROKER**



**HUB International Sinclair Cockburn**  
675 Cochrane Drive, Suite 200, East Tower  
Markham, ON  
L3R 0B8

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FAX: 905-948-0966

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**

<b>INSURER A</b>	<b>AVIVA Canada Inc.</b>
<b>INSURER B</b>	
<b>INSURER C</b>	
<b>INSURER D</b>	
<b>INSURER E</b>	

**INSURED**

**Rooted Tree Services**  
65 Shuter St. Ste 78  
Toronto, ON  
M5B 1B2

**COVERAGE**

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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> EACH OCCURRENCE <input checked="" type="checkbox"/> BODILY INJURY & PROPERTY DAMAGE <input checked="" type="checkbox"/> CROSS LIABILITY/ SEVERABILITY OF INTEREST CLAUSE <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> CONTINGENT EMPLOYERS LIABILITY	<b>LPP10444</b>	<b>05/12/17</b>	<b>05/12/18</b>	EACH OCCURRENCE	<b>\$5,000,000</b>
					GENERAL AGGREGATE	<b>\$5,000,000</b>
					PRODUCTS – COMPLETED OPERATIONS AGGREGATE	<b>\$5,000,000</b>
					PERSONAL AND/OR ADVERTISING INJURY	<b>\$5,000,000</b>
					TENANT'S LEGAL LIABILITY	<b>\$500,000</b>
					MEDICAL PAYMENTS (PER PERSON)	<b>\$10,000</b>
					NON-OWNED AUTOMOBILE	<b>\$5,000,000</b>
	<b>AUTOMOBILE LIABILITY (INCLUDES – OWNED AND/OR LEASED AUTOMOBILES)</b>				LIABILITY LIMIT	<b>\$</b>
					BODILY INJURY & PROPERTY DAMAGE	<b>\$</b>
	<b>UMBRELLA LIABILITY (excess of the above insurance)</b>				EACH OCCURRENCE	<b>\$</b>
					AGGREGATE	<b>\$</b>
	<b>OTHER LIABILITY (SPECIFY)</b>				LIMIT	<b>\$</b>
						<b>\$</b>

**DESCRIPTION OF OPERATIONS / LOCATION / EQUIPMENT**  
  
Landscape Construction, Maintenance and Tree Service

ADDITIONAL INSURED  LOSS PAYEE  MORTGAGEE  
  
N/A  
  
ADDITIONAL INSUREDS ARE INSURED FOR THEIR VICARIOUS LIABILITY ARISING FROM OPERATIONS PERFORMED BY OR ON BEHALF OF THE NAMED INSURED

**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 30 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.

AUTHORIZED REPRESENTATIVE

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