



# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
TO WHOM IT MAY CONCERN		J-AAR Excavating Limited, AAROC Aggregates Ltd,	
		731695 Ontario Ltd.	
		3003 Page Street	
	POSTAL CODE	London ON	POSTAL CODE N5V 4J1

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
Excavation, Paving, Grading, Sewer & Watermain

**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	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> WAIVER OF SUBROGATION  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Definity Insurance Company 040097030	2022/05/30	2023/05/30	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE			
					- EACH OCCURRENCE	10,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000	
				<input checked="" type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000	
				MEDICAL PAYMENTS		25,000	
				TENANTS LEGAL LIABILITY		5,000,000	
				POLLUTION LIABILITY EXTENSION			
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	Definity Insurance Company 040097030	2022/05/30	2023/05/30	NON-OWNED AUTOMOBILES		5,000,000	
				HIRED AUTOMOBILES			
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Definity Insurance Company 64005281	2022/05/30	2023/05/30	BODILY INJURY AND PROPERTY DAMAGE COMBINED		5,000,000	
				BODILY INJURY (PER PERSON)			
				BODILY INJURY (PER ACCIDENT)			
				PROPERTY DAMAGE			
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>	Definity Insurance Company 040097030	2022/05/30	2023/05/30	EACH OCCURRENCE	10,000	15,000,000	
				AGGREGATE		15,000,000	
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/>							
<input type="checkbox"/>							

**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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Arthur J. Gallagher Canada Limited			
250 York Street, Suite 400			
London	ON	POSTAL CODE	N6A6K2
BROKER CLIENT ID:		POSTAL CODE	

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER Arthur J. Gallagher Canada Limited	AUTHORIZED REPRESENTATIVE Peter McConnell, CIP CRM CCIB	TYPE Phone	NO. 519-646-5800
		TYPE Fax	NO. 519-646-5812
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2022/05/31	TYPE	NO.
		EMAIL ADDRESS	carol_andrew@ajg.com