

CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)

08/10/29

BROKER

HUB International - Leamington

501-33 Princess Street
Leamington, ON

N8H 5C5

BROKER'S CLIENT ID: WOLVE-3

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

COMPANY A	Markel Insurance Company
COMPANY B	Lombard Insurance Company
COMPANY C	
COMPANY D	

INSURED'S FULL NAME AND MAILING ADDRESS
591182 Ont Ltd Wolverine
Freight System/MG John & Sons
Wolverine Warehousing
2500 Airport, Windsor, ON N8W 5E7

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 <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED <input type="checkbox"/> HIFED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A	P7174719	08/10/31	09/10/31	EACH OCCURRENCE \$ 1000000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COM/POP AGG \$ 1000000 PERSONAL INJURY \$ 1000000 TENANT'S LEGAL LIABILITY \$ 1000000 MED EXP (Any one person) \$ 1000 NON-OWNED AUTO \$ 5000000 OPTIONAL POLLUTION LIABILITY EXTENSION \$ (Per Occurrence) \$ (Aggregate) \$	
AUTOMOBILE LIABILITY DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> LEASED AUTOMOBILES all perils \$10,000 OPCF 27B \$50,000 OPCF 5, OPCF 23A PPV all perils \$300 <small>* ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	A	P7174719	08/10/31	09/10/31	BODILY INJURY PROPERTY DAMAGE COMBINED \$ 10000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <small>(Specify)</small>					EACH OCCURRENCE \$ AGGREGATE \$	
OTHER LIABILITY (SPECIFY) Warehousemen Cargo Garage Auto	B A A	0609292 P7174719 P7174719	08/10/31 08/10/31 08/10/31	09/10/31 09/10/31 09/10/31	WLL - OCCURENCE 5000000 CARGO (ded. \$10,000) 300,000 Coll \$300,000 Sp. Perils 300,000	

ADDITIONAL INSURED

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

CERTIFICATE HOLDER

To Whom It May Concern

To be shown as Certificate

Holder: please fax
519-326-0128,

CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ 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

Cathie Mahon

PRINT NAME INCLUDING POSITION HELD

Cathie Mahon CSR

FAX NUMBER

519-326-0128

EMAIL ADDRESS

COMPANY

HUB Leamington

DATE

08/10/29

CSIO CERT (8/00)