



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			
WHOM IT MAY CONCERN		Barrie Crane Rental Ltd o/a Ottawa Crane Rental			
		120 Bentley Ave			
		Nepean		Ontario	
		POSTAL CODE			POSTAL CODE K2E 6T9

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

Commercial General Liability and Automobile Liability are underlying of Umbrella Liability.

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 <input type="checkbox"/> CLAIMS MADE OR <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 checked="" type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> Rigging and Moving <input type="checkbox"/>	Aviva Insurance Company - 81872277	2022/04/26	2023/04/26	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$2,500			
						- EACH OCCURRENCE		\$2,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
						<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
						MEDICAL PAYMENTS		\$50,000
						TENANTS LEGAL LIABILITY		\$1,000,000
						POLLUTION LIABILITY EXTENSION		
						Broad Form	\$2,500	\$2,000,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Aviva Insurance Company - 81872277	2022/04/26	2023/04/26	NON-OWNED AUTOMOBILES	\$2,500	\$2,000,000		
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Aviva Insurance Company - 81872277	2022/04/26	2023/04/26	HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY <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	Aviva Insurance Company - 6741261015	2022/04/26	2023/04/26	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000		
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> SPF #7 - Standard Excess Auto	Aviva Insurance Company - 81872277	2022/04/26	2023/04/26	EACH OCCURRENCE	\$10,000	\$8,000,000		
				AGGREGATE		\$8,000,000		
				Each occurrence	\$10,000	\$8,000,000		
OTHER LIABILITY (SPECIFY) <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 endeavour to mail 0 days written notice to the certificate holder, 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 (Commercial General Liability- but only with respect to the operations of the Named Insured)			
Tripemco Insurance Group Limited 99 Hwy #8					
Stoney Creek	ON	POSTAL CODE	L8G 1C1		
BROKER CLIENT ID: BARR25				POSTAL CODE	

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)			
ISSUER Tripemco Insurance Group Limited		TYPE Main	NO. (905) 664-2266 x215	TYPE Fax	NO. (905) 664-3169
AUTHORIZED REPRESENTATIVE Amie Burdett		TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE	April 20, 2022		EMAIL ADDRESS aburdett@tripemco.com