



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	
To Whom It May Concern		Canada's Restoration Services o/b Lahav Group Corporation 30 Macintosh Blvd, Unit #6,	
	POSTAL CODE	Concord	Ontario
			POSTAL CODE L4K 4P1

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Restoration and Remediation Contractor - All operations usual to the Business of the Named Insured.

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 type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> Contractors Pollution Liability <input checked="" type="checkbox"/> Professional Liability	Starr Insurance - 1000075246241	2026/02/28	2027/02/28	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$5,000	\$5,000,000		
						- EACH OCCURRENCE		\$5,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
						MEDICAL PAYMENTS		\$2,500
						TENANTS LEGAL LIABILITY	\$5,000	\$1,000,000
						POLLUTION LIABILITY EXTENSION		
						Aggregate Limit	\$5,000	\$5,000,000
						Aggregate Limit	\$5,000	\$1,000,000
				<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Starr Insurance - 1000075246241	2026/02/28	2027/02/28	NON-OWNED AUTOMOBILES
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Starr Insurance - 1000075246241	2026/02/28	2027/02/28	HIRED AUTOMOBILES	\$500	\$50,000		
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input 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 - 64042961	2026/02/28	2027/02/28	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$5,000,000		
						BODILY INJURY (PER PERSON)		
						BODILY INJURY (PER ACCIDENT)		
						PROPERTY DAMAGE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE				
				AGGREGATE				
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Bailment Coverage	Starr Insurance - 1000075246241	2026/02/28	2027/02/28	Aggregate		\$250,000		
<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 30 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.

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)	
RRJ Insurance Group Limited o/a KRGinsure 200 Yorkland Boulevard Suite 1200		To Whom It May Concern	
Toronto	ON	POSTAL CODE M2J 5C1	
BROKER CLIENT ID: CANARES-01			POSTAL CODE

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER RRJ Insurance Group Limited o/a KRGinsure	AUTHORIZED REPRESENTATIVE Sam Smith	TYPE Main NO. (416) 646-4544	TYPE Fax NO. (416) 636-5555
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE February 26, 2026	EMAIL ADDRESS SSmith@KRG.com