

TOTTEN GROUP

I N S U R A N C E

PROOF OF INSURANCE

For the purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada.

This is to certify that the policies of insurance listed have been issued to the Insured named in this certificate 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. 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 listed below. Limits shown may have been reduced by paid claims.

Should any of the policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named in this document, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.


Date of Issuance:	May 30 2018		
Broker:	Hub International HKMB Ltd.		
Certificate Holder:	Name:	Proof Of Insurance	
	Postal Address:		
Insuring Company:	Name:	The Totten Insurance Group	
	Insured:	Canada's Restoration Services O/B Lahav Group Corporation	
	Postal Address:	30 Macintosh Blvd #6, Vaughan, ON, L4K 4P1	

Description of Operations/Location: Restoration and Remediation Contractor


Commercial General Liability: <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence	Policy No:	TGC49466	
		mm/dd/yy	mm/dd/yy
	Policy Term:	05/26/2018	to 05/26/2019
	Limit:	<input checked="" type="checkbox"/> \$ 5,000,000 Bodily Injury & Property Damage Liability - Each Occurrence <input type="checkbox"/> Including Failure to Perform	
		<input checked="" type="checkbox"/> \$ 5,000,000 Personal & Advertising Injury Liability - Each Occurrence	
<input type="checkbox"/> \$ _____ Medical Expenses - Any One Person			
<input checked="" type="checkbox"/> \$ 250,000 Tenants Legal Liability			
<input checked="" type="checkbox"/> \$ 5,000,000 Products and Completed Operations Aggregate			
		<input checked="" type="checkbox"/> \$ 5,000,000 General Aggregate Limit	
		<input checked="" type="checkbox"/> \$ 5,000,000 Standard Non-Owned Automobile Liability	
		<input type="checkbox"/> \$ _____ Each Occurrence \$ _____ Aggregate	

Excess General Liability: <input checked="" type="checkbox"/> Claims Made OR <input type="checkbox"/> Occurrence	Policy No:	TGC49466	
		mm/dd/yy	mm/dd/yy
	Policy Term:	05/26/2018	to 05/26/2019
	Limit:	<input checked="" type="checkbox"/> \$ 5,000,000 Legal Liability - Each Loss	
		<input checked="" type="checkbox"/> \$ 5,000,000 Legal Liability - Aggregate Limit	
<input checked="" type="checkbox"/> \$ 250,000 Emergency Response Costs - Each Loss			
<input checked="" type="checkbox"/> \$ 250,000 Emergency Response Costs - Aggregate Limit			

Errors & Omissions Liability: <input type="checkbox"/> Claims Made	Policy No:		
		mm/dd/yy	mm/dd/yy
	Policy Term:		to
	Limits:	<input type="checkbox"/> \$ _____ Each and Every Claim	
<input type="checkbox"/> \$ _____ in the Aggregate			



 Authorized Representative



 Susan Murphy