

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
Ranger Trucklines Inc	Ranger Trucklines Inc
7 TILBURY CRT	7 TILBURY CRT
Brampton ON POSTAL CODE L6T 3T4	Brampton ON POSTAL CODE L6T 3T4

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

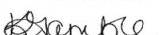
4. COVERAGES
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. 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"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> 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"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Old Republic Insurance Co of Canada R36031A	2018/08/01	2019/08/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$2,000,000
				- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		\$25,000
				TENANTS LEGAL LIABILITY		\$100,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Old Republic Insurance Co of Canada R36031A	2018/08/01	2019/08/01	NON OWNED AUTOMOBILE		\$2,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Old Republic Insurance Co of Canada T36031A	2018/08/01	2019/08/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
OTHER (SPECIFY) <input checked="" type="checkbox"/> Motor Truck Cargo	Old Republic Insurance Co of Canada R36031A	2018/08/01	2019/08/01	Per Conveyance	\$5,000	\$300,000
<input checked="" type="checkbox"/> OPCF 27B LegalLiab NonOwned	Old Republic Insurance Co of Canada T36031A	2018/08/01	2019/08/01	Trailers	\$5,000	\$100,000
<input checked="" type="checkbox"/> Physical Damage - All Peril	Old Republic Insurance Co of Canada T36031A	2018/08/01	2019/08/01	Tractors Only	\$5,000	
<input type="checkbox"/>						
<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 <u>15</u> 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 (but only with respect to the operations of the Named Insured)
Dalton Timmis	
35 Stone Church Rd, 3rd Floor	
Ancaster ON POSTAL CODE L9K 1S5	

BROKER CLIENT ID:	POSTAL CODE
8. CERTIFICATE AUTHORIZATION	
ISSUER	CONTACT NUMBER(S) TYPE Phone NO. 905-648-3922 TYPE NO. TYPE Fax NO. 905-648-6980 TYPE NO.
AUTHORIZED REPRESENTATIVE Kahliya Gamble, CAIB	

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	DATE 2018/07/26	EMAIL ADDRESS transcert@daltontimmis.com
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