



# 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.

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>		<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>	
Region of Durham Paramedic Services		Stitch It Canada's Tailor Inc.	
400 Anderson St.		845 Harrington Court Unit 100A	
Whitby	ON	POSTAL CODE L1R 3P6	Burlington
			ON
			POSTAL CODE L7N 3P3

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

Contents coverage includes Equipment Breakdown (Boiler & Machinery), Business Income - Profits - Actual Loss Sustained, Sewer Back Up (\$2,500 deductible), Flood (\$50,000 deductible), Earthquake (3% or min. \$100,000 deductible)

The certificate holder is added as an additional insured to the Commercial General Liability Coverage Policy, but only with respect to liability arising out of operations carried out by or on behalf of the Named Insured, excluding any automobile 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
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <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 checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> Contractual Liab <input type="checkbox"/>	Intact Insurance Company 501395928	2025/10/27	2026/10/27	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		1,000,000
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE	1,000	1,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		1,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		1,000,000
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		50,000
				TENANTS LEGAL LIABILITY	1,000	1,000,000
				POLLUTION LIABILITY EXTENSION		
Contractual Liability		Included				
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Intact Insurance Company 501395928	2025/10/27	2026/10/27	NON-OWNED AUTOMOBILES		2,000,000
<input checked="" type="checkbox"/> HIRED AUTOMOBILES				1,000	100,000	
<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)		
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)		
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE		
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE						
<b>EXCESS LIABILITY</b>	Intact Insurance Company 501395928	2025/10/27	2026/10/27	EACH OCCURRENCE	10,000	4,000,000
<input checked="" type="checkbox"/> UMBRELLA FORM					4,000,000	
<input type="checkbox"/>						
<b>OTHER LIABILITY (SPECIFY)</b>	Intact Insurance Company 501395928	2025/10/27	2026/10/27	Replacement Cost		154,070
<input checked="" type="checkbox"/> Property - All Risk						
<input checked="" type="checkbox"/> Severability of Interest						

**5. CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail   0   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.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>		<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS</b> (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Arthur J. Gallagher Canada Limited		Region of Durham Paramedic Services	
435 McNeilly Road, Suite 203		400 Anderson St.	
Stoney Creek	ON	POSTAL CODE L8E 5E3	
<b>BROKER CLIENT ID:</b>		Whitby	ON
			POSTAL CODE L1R 3P6

<b>8. CERTIFICATE AUTHORIZATION</b>		CONTACT NUMBER(S)	
ISSUER Arthur J. Gallagher Canada Limited		TYPE Office	NO. 905-538-2058
AUTHORIZED REPRESENTATIVE Brad Kitz		TYPE	NO.
		TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE 2025/10/29	EMAIL ADDRESS Kelly_Hopkins@ajg.com