



# 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	1172895 Alberta Ltd. o/a Oil City Express P.O. Box 5103 Station Main Fort McMurray, AB T9H 3G2

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations 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		
<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 type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> POLLUTION LIABILITY EXTENSION  <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES	<b>Northbridge General Insurance</b>  <b>CBC 1955617</b>	<b>22/04/15</b>	<b>23/04/15</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>5,000,000</b>		
						- EACH OCCURRENCE		<b>5,000,000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>5,000,000</b>		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>5,000,000</b>		
				MEDICAL PAYMENTS		<b>25,000</b>		
				TENANTS LEGAL LIABILITY		<b>500,000</b>		
				POLLUTION LIABILITY EXTENSION		<b>1,000,000</b>		
				NON OWNED AUTOMOBILE		<b>5,000,000</b>		
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	<b>Northbridge General Insurance</b>  <b>2027259</b>	<b>22/04/15</b>	<b>23/04/15</b>	BODILY INJURY AND PROPERTY DAMAGE COMBINED		<b>5,000,000</b>		
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> FOLLOW FORM	<b>Northbridge General Insurance</b>  <b>CBC 1955617</b>	<b>22/04/15</b>	<b>23/04/15</b>	EACH OCCURRENCE		<b>3,000,000</b>		
				AGGREGATE		<b>3,000,000</b>		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>Northbridge General Insurance</b>  <b>770566369</b>	<b>22/04/15</b>	<b>23/04/15</b>	SEF27 Non Owned Trailers		<b>50,000</b>		
	<b>Northbridge General Insurance</b>  <b>CBC 1955617</b>	<b>22/04/15</b>	<b>23/04/15</b>	Cargo Insurance		<b>250,000</b>		
	<b>Northbridge General Insurance</b>  <b>CBC 1955617</b>	<b>22/04/15</b>	<b>23/04/15</b>					

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>00</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)
<b>CMB Insurance Brokers</b>	<b>Not Applicable</b>
<b>#201, 1430 - 91 St. SW</b>	
<b>Edmonton, AB</b>	POSTAL CODE <b>T6X 1M5</b>
<b>BROKER CLIENT ID: 11728-1</b>	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	
ISSUER <b>CMB Insurance Brokers</b>	CONTACT NUMBER(S) TYPE <b>Business</b> NO. <b>780-428-7254</b> TYPE NO.
AUTHORIZED REPRESENTATIVE <b>Patricia Lugowski</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>22/03/01</b> EMAIL ADDRESS <b>plugowski@cmbinsurance.ca</b>