



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	
Sherkston Shores 490 Empire Road		1000494793 Ontario Inc. O/A Ideal Siding 60 Sandra Dr	
Sherkston	ON	POSTAL CODE L0S 1R0	Fenwick Ontario POSTAL CODE L0S 7C0

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

Siding-Metal, Aluminum, Vinyl - Intall/Repair

With respect to Commercial General Liability only - Sherkston Shores - is added as Additional Insured but only with respect to the operations of the Named Insured to which the Additional Insured has an interest

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 type="checkbox"/> <input type="checkbox"/>	Definity Insurance Company - 040376178P	2025/02/01	2026/02/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000			
						- EACH OCCURRENCE		\$2,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
						MEDICAL PAYMENTS		\$25,000
						TENANTS LEGAL LIABILITY	\$1,000	\$500,000
						POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Definity Insurance Company -	2025/02/01	2026/02/01	NON-OWNED AUTOMOBILES	\$1,000	\$2,000,000		
<input checked="" type="checkbox"/> HIRED AUTOMOBILES	Definity Insurance Company -	2025/02/01	2026/02/01	HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY <input 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				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
				EACH OCCURRENCE				
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE				
OTHER LIABILITY (SPECIFY) <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 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)	
Youngs Insurance Brokers Welland 55 East Main Street		Sherkston Shores 490 Empire Road	
Welland	ON	POSTAL CODE L3B 3W4	
BROKER CLIENT ID: 104422		Sherkston	ON POSTAL CODE L0S 1R0

8. CERTIFICATE AUTHORIZATION			
ISSUER Youngs Insurance Brokers Welland	CONTACT NUMBER(S) TYPE Main NO. (905) 735-7212 TYPE Fax NO. (905) 788-1533 TYPE NO. TYPE NO.		
AUTHORIZED REPRESENTATIVE Jessica Jones			
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE May 23, 2025	EMAIL ADDRESS jljones@youngsinsurance.ca	