




MEMORANDUM OF INSURANCE

This memorandum is to confirm that the following insurance is in full force and effect as of the date of this memorandum.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
Klearview Window Cleaning Ltd. 77 Wellington St. S Bay 11 Kitchener ON N2G 2E6	Cowan Insurance Group Ltd. 705 Fountain Street North Cambridge, ON N1R 5T2
BROKER'S CLIENT ID: KLEAR-1	
Description of Operations to which this Memorandum applies: Window Cleaning Contractor	

COVERAGES

This memorandum describes coverage in force at the date of issue hereof and is furnished as a matter of information only, and confers no rights or obligations to the holder.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made or <input type="checkbox"/> Occurrence Products and/or Completed Operations Tenants Legal Liability Non-Owned Automobiles General Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	Aviva Insurance Canada S1218284	11/20/16	11/20/17	Each Occurrence	\$5,000,000
				General Aggregate	\$5,000,000
				Products & Completed Operations Aggregate	\$5,000,000
				Personal Injury	\$5,000,000
				Tenants Legal Liability	\$1,000,000
				Non-Owned Auto	\$5,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Leased Automobiles** <input checked="" type="checkbox"/> 21B Endorsement **All Automobiles Leased In Excess Of 30 Days Where The Insured Is Required to Provide Insurance	Dominion of Canada ABL8375909	01/19/16	01/19/17	Bodily Injury and Property Damage Combined	\$5,000,000
				Bodily Injury (Per Person)	\$
				Bodily Injury (Per Accident)	\$
				Property Damage	\$
EXCESS LIABILITY <input type="checkbox"/> Umbrella or Excess Form <input type="checkbox"/> Other _____				Each Occurrence	\$
				Aggregate	\$
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
SIGNATURE OF AUTHORIZED REPRESENTATIVE			PRINT NAME OF AUTHORIZED REPRESENTATIVE		
			Denise Gilchrist		
PHONE NUMBER 519-650-6360	FAX NUMBER 519-650-6366	EMAIL ADDRESS Denise.gilchrist@cowangroup.ca		DATE November 21, 2016	