



# CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

## 1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

National Capital Commission  
40 Elgin St., #202,  
Ottawa, Ontario  
K1P 1C7

## 2. INSURED'S FULL NAME AND MAILING ADDRESS

Performance Window Cleaning Inc  
532 Montreal Rd, Suite 255,  
  
Ottawa, Ontario K1K 4R4

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

Operations: Window Cleaning (Various Projects)

The certificate holder is included as additional insured with respect to liability assumed under contract arising out of the normal 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 the 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 OR <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 type="checkbox"/> Waiver of Subrogation  <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/>	Gore Mutual Insurance Company  9034717	2022/ 2 / 27	2023/ 2 / 27	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input checked="" type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000
				Medical Payments		25,000
				Tenants Legal Liability		500,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles	9034717 Gore Mutual	2022/ 2 / 27	2023/ 2 / 27	Non-Owned Automobile		5,000,000
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
<b>AUTOMOBILE LIABILITY</b> <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		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <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 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

StoneRidge Insurance Brokers - Ancaster  
1336 Sandhill Drive Suite # 3  
Ancaster, Ontario L9G 4V5


BROKER CLIENT ID: PER061

## 7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial general Liability - but only with respect to the operations of the Named Insured)

National Capital Commission  
40 Elgin St., #202,  
Ottawa, Ontario  
K1P 1C7

## 8. CERTIFICATE AUTHORIZATION

Issuer	StoneRidge Insurance Brokers - Ancaster	Contact Number(s)	
Authorized Representative	Sherry Allen	Type	No
Signature of Authorized Representative		Type Phone	No (905) 648-6767
		Type Fax	No (905) 648-7399
		Date	2022   3   24
		EEmail Address	sallen@stoneridgeinsurance.ca