



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			
À qui de droit		S.T.A.F. La Doré inc. 5300 des Peupliers Street			
		La Doré		Quebec	POSTAL CODE G8J 1G1

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Transportation of tree seedlings, logs and construction materials, logging and snow removal from forest roads.

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 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"/>	Northbridge Commercial Insurance Co - P04126132	2024/10/10	2025/10/10	COMMERCIAL GENERAL LIABILITY	\$1,000	\$2,000,000				
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE						
								BODILY INJURY AND PROPERTY DAMAGE LIABILITY - 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		\$500,000
								POLLUTION LIABILITY EXTENSION		
<input type="checkbox"/> NON-OWNED AUTOMOBILES				NON-OWNED AUTOMOBILES						
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES						
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Intact Compagnie d'assurance - 673-8966T	2024/06/03	2025/06/03	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000				
				BODILY INJURY (PER PERSON)						
				BODILY INJURY (PER ACCIDENT)						
				PROPERTY DAMAGE						
				EACH OCCURRENCE						
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE						
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Cargaison <input checked="" type="checkbox"/> FAQ27	Intact Compagnie d'assurance - 673-8966T	2024/06/03	2025/06/03	Selon activités déclarées		\$250,000				
	Intact Compagnie d'assurance - 673-8966T	2024/06/03	2025/06/03	Remorque		\$100,000				

5. CANCELLATION

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)			
Lussier 1150 Saint-Félicien Boulevard					
Saint-Félicien	QC	POSTAL CODE	G8K 2W5		
BROKER CLIENT ID: 1150429				POSTAL CODE	

8. CERTIFICATE AUTHORIZATION					
ISSUER Lussier	AUTHORIZED REPRESENTATIVE Michelle Roy		CONTACT NUMBER(S) TYPE Téléphone NO. +1 (800) 693-0132	TYPE Télécopieur NO. (418) 276-8422	
			TYPE NO.	TYPE NO.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Michelle Roy</i>		DATE September 19, 2024	EMAIL ADDRESS mroy@lussier.co		