## **CSI**

## **CERTIFICATE OF LIABILITY INSURANCE**

This certificate is issued as a ma This	atter of information only and co certificate does not amend, ext	nfers no righ end or alter t	its upon the the coverage	certificate holder and impose afforded by the policies belo	s no liability w.	on the insurer.
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				
	POSTAL CODE	La I	Doré	Quebec	POS COD	TAL G8J 1G1
3. DESCRIPTION OF OPERATIONS/LC	OCATIONS/AUTOMOBILES/SPECIAL	ITEMS TO WHI	CH THIS CERT	IFICATE APPLIES (but only with respec	t to the operation:	s of the Named Insured)
Compagnie de transport 4. COVERAGES						
This is to certify that the policies of insur or conditions of any contract or other do subject to all terms, exclusions and cond	cument with respect to which this certi	ficate may be is	sued or may pe	the policy period indicated notwithsta ertain. The insurance afforded by the VE BEEN REDUCED BY PAID	e policies desc	uirements, terms ribed herein is
		EFFECTIVE	EXPIRY			
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	DATE	DATE	(Canadian dollars unless indicated otherwise)		
	AND FOLICT NOMBER	YYYY/MM/DD	YYYY/MM/DD		DED.	INSURANCE
COMMERCIAL GENERAL LIABILITY	Northbridge Commercial Insurance Co - P04126132	2024/10/10	2025/10/10	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE	\$1,000	\$2,000,000
CLAIMS MADE OR OCCURRENCE				- GENERAL AGGREGATE - EACH OCCURRENCE		\$2,000,000
PRODUCTS AND / OR COMPLETED OPERATIONS				PRODUCTS AND COMPLETED OPERATIONS		
EMPLOYER'S LIABILITY				AGGREGATE		\$2,000,000
				OR		
				LIABILITY MEDICAL PAYMENTS		\$2,000,000
				TENANTS LEGAL LIABILITY		\$500,000
				POLLUTION LIABILITY EXTENSION		
POLLUTION LIABILITY EXTENSION						
NON-OWNED AUTOMOBILES				NON-OWNED AUTOMOBILES		
HIRED AUTOMOBILES				HIRED AUTOMOBILES		
AUTOMOBILE LIABILITY	Intact Compagnie d'assurance -	2025/06/03	2026/06/03	BODILY INJURY AND PROPERTY		
DESCRIBED AUTOMOBILES	673-8966T			DAMAGE COMBINED		\$2,000,000
ALL OWNED AUTOMOBILES				BODILY INJURY (PER PERSON)		
LEASED AUTOMOBILES **				BODILY INJURY (PER ACCIDENT)		
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				PROPERTY DAMAGE		
EXCESS LIABILITY						
				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY)	Intact Compagnie d'assurance - 673-8966T	2025/06/03	2026/06/03	Selon activités déclarées		\$250,000
FAQ27	Intact Compagnie d'assurance -	2025/06/03	2026/06/03	Remorque		\$100,000
5. CANCELLATION			1		i1	
				INSURED NAME AND MAILING AI		
6. BROKERAGE/AGENCY FULL NAM	IE AND MAILING ADDRESS	7.		neral Liability- but only with respect to the		Named Insured)
1150 Saint-Félicien Boulevard		-				
Saint-Félicien Q0	C POSTAL G8P	( 2W5				
BROKER CLIENT ID: 1150429						POSTAL CODE
8. CERTIFICATE AUTHORIZATION						
ISSUER Lussier			NTACT NUMBER	. ,	Tálágania	(440) 070 0 100
AUTHORIZED REPRESENTATIVE Michelle		TYPE         Téléphone         NO.         +1 (800) 693-0132         TYPE         Télécopieu         NO.         (418) 276-8422           TYPE         NO.         TYPE         NO.				
SIGNATURE OF AUTHORIZED REPRESENTATIVE	lichelle Ray	DA	TE June 3, 202	5 EMAIL ADDRESS mroy@	lussier.co	

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