



# 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

À qui de droit

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

S.T.A.F. La Doré inc.  
5300 des Peupliers Street

POSTAL CODE

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)

Compagnie de transport

## 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<br>YYYY/MM/DD | EXPIRY DATE<br>YYYY/MM/DD | LIMITS OF LIABILITY<br>(Canadian dollars unless indicated otherwise)                                  |         |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------|---------|---------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | COVERAGE                                                                                              | DED.    | AMOUNT OF INSURANCE |
| <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS MADE <b>OR</b> <input checked="" type="checkbox"/> OCCURRENCE<br><input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS<br><input type="checkbox"/> EMPLOYER'S LIABILITY<br><input checked="" type="checkbox"/> CROSS LIABILITY<br><br><input type="checkbox"/> WAIVER OF SUBROGATION<br><br><input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY<br><input type="checkbox"/> POLLUTION LIABILITY EXTENSION<br><input checked="" type="checkbox"/> FAQ6-94 et FAQ6-96 inclus<br><input type="checkbox"/> | Northbridge Commercial Insurance Co<br>- P04126132 | 2026/10/10                   | 2027/10/10                | COMMERCIAL GENERAL LIABILITY<br>BODILY INJURY AND PROPERTY DAMAGE<br>LIABILITY<br>- GENERAL AGGREGATE | \$1,000 | \$5,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | - EACH OCCURRENCE                                                                                     |         | \$5,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | PRODUCTS AND COMPLETED OPERATIONS<br>AGGREGATE                                                        |         | \$5,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | <input checked="" type="checkbox"/> PERSONAL INJURY LIABILITY<br>OR                                   |         | \$5,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY<br>LIABILITY                      |         | \$5,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | MEDICAL PAYMENTS                                                                                      |         | \$25,000            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | TENANTS LEGAL LIABILITY                                                                               |         |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | POLLUTION LIABILITY EXTENSION                                                                         |         |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           |                                                                                                       | \$1,000 | \$75,000            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           |                                                                                                       |         |                     |
| <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Northbridge Commercial Insurance Co                | 2026/10/10                   | 2027/10/10                | NON-OWNED AUTOMOBILES                                                                                 |         | \$5,000,000         |
| <input type="checkbox"/> HIRED AUTOMOBILES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |                           | HIRED AUTOMOBILES                                                                                     |         |                     |
| <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES<br><input type="checkbox"/> ALL OWNED AUTOMOBILES<br><input checked="" type="checkbox"/> LEASED AUTOMOBILES **<br>** ALL AUTOMOBILES LEASED IN EXCESS OF<br>30 DAYS WHERE THE INSURED IS REQUIRED<br>TO PROVIDE INSURANCE                                                                                                                                                                                                                                                                                         | Intact Compagnie d'assurance -<br>673-8966T        | 2026/06/03                   | 2027/06/03                | BODILY INJURY AND PROPERTY<br>DAMAGE COMBINED                                                         |         | \$2,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | BODILY INJURY (PER PERSON)                                                                            |         | \$2,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | BODILY INJURY (PER ACCIDENT)                                                                          |         | \$2,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | PROPERTY DAMAGE                                                                                       |         | \$2,000,000         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           |                                                                                                       |         |                     |
| <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                              |                           | EACH OCCURRENCE                                                                                       |         |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           | AGGREGATE                                                                                             |         |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           |                                                                                                       |         |                     |
| <b>OTHER LIABILITY (SPECIFY)</b><br><input checked="" type="checkbox"/> FAQ27 - Tous Risques<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Intact Compagnie d'assurance -<br>673-8966T        | 2026/06/03                   | 2027/06/03                | Trailers                                                                                              | \$2,500 | \$100,000           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                              |                           |                                                                                                       |         |                     |

## 5. CANCELLATION

## 6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS

Lussier  
1150 Saint-Félicien Boulevard

Saint-Félicien QC

POSTAL CODE G8K 2W5

BROKER CLIENT ID: 1150429

## 7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

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

POSTAL CODE

## 8. CERTIFICATE AUTHORIZATION

ISSUER Lussier

AUTHORIZED REPRESENTATIVE Michelle Roy

SIGNATURE OF  
AUTHORIZED REPRESENTATIVE

*Michelle Roy*

CONTACT NUMBER(S)

TYPE Téléphone NO. +1 (800) 693-0132

TYPE NO.

TYPE Télécopieur NO. (418) 276-8422

TYPE NO.

DATE September 22, 2026

EMAIL ADDRESS mroy@lussier.co