

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
To Whom it May Concern	Ronald Larson 10878 West Coast Rd Sooke BC V9Z 1G9

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

DJ Services

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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Intact Insurance Policy # TBD	2016/08/17	2017/08/17	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY	\$1,000	\$2,000,000
				- GENERAL AGGREGATE		\$5,000,000
				- EACH OCCURENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$1,000	\$2,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$1,000	\$2,000,000
				MEDICAL PAYMENTS		\$10,000/Person
				TENANTS LEGAL LIABILITY	\$1,000	\$500,000
				POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Intact Insurance Policy # TBD	2016/08/17	2017/08/17	NON OWNED AUTOMOBILE	\$1,000	\$2,000,000
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> EXCESS				- AGGREGATE		
				- EACH OCCURENCE		
OTHER LIABILITY (SPECIFY) <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. BROKER COMMENTS

7. ADDITIONAL INSURED NAME(S) AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)

To Whom it May Concern

8. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS

Coast Capital Insurance Services Ltd. 3750 Shelbourne St Victoria BC V8P 4H4

9. CERTIFICATE AUTHORIZATION

AUTHORIZED REPRESENTATIVE Wade McCulloch	PHONE 1 844 802 7622 Ext 3469	EMAIL ADDRESS wade.mcculloch@coastcapitalinsurance.com
SIGNATURE OF AUTHORIZED REPRESENTATIVE 		DATE 2016/08/18