



# 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	
Metrolinx 97 Front Street W.		The Gift of Giving Back 4132 Stonebridge Cres.,	
Toronto	ON	POSTAL CODE M5J 1E6	Burlington Ontario
			POSTAL CODE L7M 4N3

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

NON-PROFIT NON-PERISHABLE FOOD COLLECTION  
Additional Insured is not added to any form of automobile insurance.  
RE: Food Collection between October 1, 2023 to January 1, 2024

**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				
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <b>OR</b> <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"/>	Intact Insurance Company - 501397867	2023/06/19	2024/06/19	COMMERCIAL GENERAL LIABILITY	\$1,000	\$5,000,000				
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE						
										\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE					\$5,000,000	
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR						
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY						\$5,000,000
				MEDICAL PAYMENTS						\$50,000
				TENANTS LEGAL LIABILITY				\$1,000		\$500,000
				POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Intact Insurance Company -	2023/06/19	2024/06/19	NON-OWNED AUTOMOBILES		\$5,000,000				
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES						
<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY AND PROPERTY DAMAGE COMBINED						
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)						
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)						
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE						
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE										
<b>EXCESS LIABILITY</b>				EACH OCCURRENCE						
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE						
<input type="checkbox"/>										
<b>OTHER LIABILITY (SPECIFY)</b>										
<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 endeavour 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		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Morison Insurance Hamilton 100-1725 Upper James Street		Metrolinx 97 Front Street W.	
Hamilton	ON	POSTAL CODE L9B 1K7	
BROKER CLIENT ID: THEGIFT-01		Toronto	ON
			POSTAL CODE M5J 1E6

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)			
ISSUER	Morison Insurance Hamilton	TYPE	Main	NO.	9052188024
AUTHORIZED REPRESENTATIVE	Rachelle Milisenda	TYPE		NO.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	<i>R. Milisenda</i>	DATE	September 22, 2023	EMAIL ADDRESS	rmlisenda@morisoninsurance.ca