



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	Cross Range Developments Ltd. 46396 Strathcona Rd Chilliwack BC V2P 3T3

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

CONFIRMATION OF INSURANCE
Renovation Contractor including Roofing, Siding and Framing. No Hot Roofing.
Subsurface Deductible is \$2,500

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 the 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 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"/>	SGI Canada 849064629	2024/ 4 / 22	2025/ 4 / 22	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000	
				Products and Completed Operations Aggregate		5,000,000	
				<input type="checkbox"/> Personal Injury Liability		5,000,000	
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability			
				Medical Payments		25,000	
				Tenants Legal Liability	1,000	500,000	
				Pollution Liability Extension			
<input checked="" type="checkbox"/> Non-Owned Automobiles	849064629 SGI Canada	2024/ 4 / 22	2025/ 4 / 22	Non-Owned Automobile		5,000,000	
<input type="checkbox"/> Hired Automobiles				Hired Automobiles			
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance				Bodily Injury and Property Damage Combined			
				Bodily Injury (Per Person)			
				Bodily Injury (Per Accident)			
				Property Damage			
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence			
				Aggregate			
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SGI Canada						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 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)
Johnston Meier Insurance Agencies Group 152-1960 Como Lake Ave Coquitlam BC V3J 3R3 BROKER CLIENT ID: CRO300	

8. CERTIFICATE AUTHORIZATION

Issuer	Johnston Meier Insurance Agencies Group	Contact Number(s)	
Authorized Representative	Daniel Mak	Type	No
Signature of Authorized Representative	<i>X Daniel Mak</i>	Type Phone	No (604) 937-3601
	2024 8 6	Type Fax	No (604) 937-5062
		Date	2024 8 6
		EEmail Address	daniel.mak@jmins.com