



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	
The Corporation of the Town of Oakville 1225 Trafalgar Road		Oakhaven Tree Care o/b Christopher Black 11 Stockbridge Gardens Unit#17	
Oakville	ON	POSTAL CODE L6H 0H3	Stoney Creek Ontario
			POSTAL CODE L8J 0H5

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Arboriculture and General Tree Care - Excluding Pesticide Application

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 checked="" 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"/>	Definity Insurance Company - 040254059	2024/07/29	2025/07/29	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000			
						- EACH OCCURRENCE		\$2,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
						<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
						MEDICAL PAYMENTS		\$25,000
						TENANTS LEGAL LIABILITY	\$1,000	\$500,000
						POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Definity Insurance Company -	2024/07/29	2025/07/29	NON-OWNED AUTOMOBILES		\$2,000,000		
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY				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								
EXCESS LIABILITY				EACH OCCURRENCE				
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE				
<input type="checkbox"/>								
OTHER LIABILITY (SPECIFY)	Definity Insurance Company - 040254059	2024/07/29	2025/07/29	Claims Made	\$1,000	\$2,000,000		
<input checked="" type="checkbox"/> Errors & Omissions Liability								
<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)	
Milmine Insurance 301 Highway #8, Unit #1		The Corporation of the Town of Oakville 1225 Trafalgar Road	
Stoney Creek	ON	POSTAL CODE L8G 1E5	
BROKER CLIENT ID: OAKHTRE-02		Oakville	ON
			POSTAL CODE L6H 0H3

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Milmine Insurance	AUTHORIZED REPRESENTATIVE Andria Malec	TYPE Main NO. (905) 688-9170	TYPE Fax NO. (905) 688-6265
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE August 22, 2024	EMAIL ADDRESS AMalec@vergeinsurance.com