



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 this may concern		Reliance Exteriors -2639499 Alberta Ltd. Greg Koch And Aaron Philips	
		222 Royal Birkdale Cres NW	
		Calgary, AB	
POSTAL CODE		POSTAL CODE T3G 5R7	
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)			
Roofers Residential no hot work Shingles concrete tile, metal roofing, siding, fencing and exterior construction residential.			

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 type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	The Wawanesa Mutual Insurance Com 46638050	2024/10/1	2025/10/1	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	 1,000 2,500 2,500 0 2,500	5,000,000 5,000,000 5,000,000 5,000,000 10,000 500,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	The Wawanesa Mutual Insurance Com 46638050	2024/10/1	2025/10/1	NON OWNED AUTOMOBILE	50,000	5,000,000
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 checked="" type="checkbox"/> Property Equipment POED	The Wawanesa Mutual Insurance Com 46638050	2024/10/1	2025/10/1	Property/Contents/Equip POED	1,000	20,000
<input checked="" type="checkbox"/> Business PKG	The Wawanesa Mutual Insurance Com 46638050	2024/10/1	2025/10/1	Per Attached quote	1,000	10,000,000
<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 _____ 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 (but only with respect to the operations of the Named Insured)
Riverside Insurance Services Ltd.	
#17, 205 - 1 Street East	
Cochrane, AB	
POSTAL CODE T4C 1X6	
BROKER CLIENT ID: 2639ALB-01	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	
ISSUER Riverside Insurance Services Ltd.	CONTACT NUMBER(S) TYPE Phone NO. (403) 851-9845 TYPE NO.
AUTHORIZED REPRESENTATIVE Paul Dwyer	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Paul Dwyer</i>	DATE 2024/10/3 EMAIL ADDRESS pauld@rsis.ca