



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

A qui de Droit /to whom it may concern

2. INSURED'S FULL NAME AND MAILING ADDRESS

Mexuscan Cargo
555 Boul. St-Jean Baptiste

Ste-Martine (Qc) J0S 1V0

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

Transport Company / Load broker
Compagnie de Transport / Courtier en transport

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policies period indicated notwithstanding any requirement, 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 checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension	Economical Insurance Company 40067159	2016/ 7 / 1	2017/ 7 / 1	Commercial General Liability	50,000	1,000,000
				Bodily Injury and Property Damage Liability - - General Aggregate		1,000,000
				- Each Occurrence		1,000,000
				Products and Completed Operations Aggregate		1,000,000
				<input type="checkbox"/> Personal Injury Liability		1,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		10,000
				Tenants Legal Liability	2,500	100,000
				Pollution Liability Extension		
				<input checked="" type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Economical Insurance 64002928	2016/ 7 / 1
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Automobiles <input checked="" type="checkbox"/> Leased Automobiles ** <input checked="" type="checkbox"/> non owned trailer <input checked="" type="checkbox"/> QEF 27 250,000 ded 50000\$ ** All Automobiles leased in excess of 30 days where the insured is required to provide Insurance	Economical Insurance Company 64002928	2016 / 7 / 1	2017 / 7 / 1	Bodily Injury and Property Damage Combined		1,000,000
				Bodily Injury (Per Person)		1,000,000
				Bodily Injury (Per Accident)		1,000,000
				Property Damage		1,000,000
				Each Occurrence		
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Aggregate		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Truckmen cargo Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Economical Insurance Company 40067159	2016 / 7 / 1	2017 / 7 / 1	include reefer breakdown	50,000	500,000

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

M2 Assurance Inc.
83 boul. Don-Quichotte
L'Île Perrot (Qc) J7V 6X2

BROKER CLIENT ID: 30127

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(but only with respect to the operations of the Named Insured)

8. CERTIFICATE AUTHORIZATION

Issuer	M2 Assurance Inc.	Contact Number(s)	
Authorized Representative	<input checked="" type="checkbox"/> <i>Amélie Fuz</i>	Type	No
Signature of Authorized Representative		Type Phone	No (514) 425-0505
		Type Fax	No (877) 900-0722
		Certificate Date	E-Mail Address
		2016 6 28	info@m2assurance.com