



# MEMORANDUM OF INSURANCE

This memorandum is to confirm that the following insurance is in full force and effect as of the date of this memorandum.

<b>INSURED'S FULL NAME AND MAILING ADDRESS</b>	<b>BROKER'S FULL NAME AND MAILING ADDRESS</b>
Klearview Window Cleaning Ltd. and Klearview Window Cleaners Ltd. 77 Wellington St. S Bay 11 Kitchener ON N2G 2E6	Cowan Insurance Group Ltd. 705 Fountain Street North Cambridge, ON N1R 5T2
<b>Description of Operations to which this Memorandum applies:</b> <b>Window cleaning and exterior vinyl &amp; aluminum siding cleaning</b>	
<b>BROKER'S CLIENT ID: KLEAR-1</b>	

## COVERAGES

This memorandum describes coverage in force at the date of issue hereof and is furnished as a matter of information only, and confers no rights or obligations to the holder.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF LIABILITY <small>(Canadian dollars unless indicated otherwise)</small>										
<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 checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> <input type="checkbox"/> General Aggregate Limit Applies Per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	Aviva Insurance Canada S1218284	11/20/18	11/20/19	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Each Occurrence</td><td style="width: 20%; text-align: right;">\$5,000,000</td></tr> <tr><td>General Aggregate</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>Products &amp; Completed Operations Aggregate</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>Personal Injury</td><td style="text-align: right;">\$5,000,000</td></tr> <tr><td>Tenants Legal Liability</td><td style="text-align: right;">\$1,000,000</td></tr> </table>	Each Occurrence	\$5,000,000	General Aggregate	\$5,000,000	Products & Completed Operations Aggregate	\$5,000,000	Personal Injury	\$5,000,000	Tenants Legal Liability	\$1,000,000
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<b>NON-OWNED AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Non-Owned Automobiles <input checked="" type="checkbox"/> Damage to Hired Autos	Aviva Insurance Canada S1218284	11/20/18	11/20/19	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Non-Owned Auto</td><td style="width: 20%; text-align: right;">\$5,000,000</td></tr> <tr><td>Hired Auto</td><td style="text-align: right;">\$100,000</td></tr> </table>	Non-Owned Auto	\$5,000,000	Hired Auto	\$100,000						
Non-Owned Auto	\$5,000,000													
Hired Auto	\$100,000													
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Leased Automobiles** <input type="checkbox"/> <small>**All Automobiles Leased In Excess Of 30 Days Where The Insured Is Required to Provide Insurance</small>				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Bodily Injury and Property Damage Combined</td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>Bodily Injury (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>Property Damage</td><td style="text-align: right;">\$</td></tr> </table>	Bodily Injury and Property Damage Combined	\$	Bodily Injury (Per Person)	\$	Bodily Injury (Per Accident)	\$	Property Damage	\$		
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Bodily Injury (Per Accident)	\$													
Property Damage	\$													
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella or <input type="checkbox"/> Excess Form <input type="checkbox"/> Other _____				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">Each Occurrence</td><td style="width: 20%; text-align: right;">\$</td></tr> <tr><td>Aggregate</td><td style="text-align: right;">\$</td></tr> </table>	Each Occurrence	\$	Aggregate	\$						
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<b>OTHER LIABILITY (SPECIFY)</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;"></td><td style="width: 20%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>										

<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>  	<b>PRINT NAME OF AUTHORIZED REPRESENTATIVE</b>  Lori Urquhart		
<b>PHONE NUMBER</b> 519-650-6360	<b>FAX NUMBER</b> 519-650-6366	<b>EMAIL ADDRESS</b> Lori.urquhart@cowangroup.ca	<b>DATE</b> November 27, 2018