




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.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
Klearview Window Cleaning Ltd. 77 Wellington St. S Bay 11 Kitchener ON N2G 2E6	Cowan Insurance Group Ltd. 705 Fountain Street North, PO Box1510 Cambridge, ON, N1R 5T2
BROKER'S CLIENT ID: KLEAR-1	
Description of Operations to which this Memorandum applies:	

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>	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made or <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Products and/or Completed Operations <input 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	01/19/20	01/19/21	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
NON-OWNED AUTOMOBILE LIABILITY <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Damage to Hired Autos				Non-Owned Auto	\$5,000,000
				Hired Auto	\$100,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Leased Automobiles** <input type="checkbox"/> **All Automobiles Leased In Excess Of 30 Days Where The Insured Is Required to Provide Insurance	Dominion of Canada ABL8375909	01/19/20	01/19/21	Bodily Injury and Property Damage Combined	\$5,000,000
				Bodily Injury (Per Person)	\$
				Bodily Injury (Per Accident)	\$
				Property Damage	\$
EXCESS LIABILITY <input type="checkbox"/> Umbrella or <input type="checkbox"/> Excess Form <input type="checkbox"/> Other _____				Each Occurrence	\$
				Aggregate	\$
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
SIGNATURE OF AUTHORIZED REPRESENTATIVE 			PRINT NAME OF AUTHORIZED REPRESENTATIVE Peymaneh Sheibani		
PHONE NUMBER 519-650-6360	FAX NUMBER 519-650-6366	EMAIL ADDRESS peymaneh.sheibani@cowangroup.ca		DATE January 21, 2020	