



# CERTIFICATE OF 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.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
Xtra Mechanical Ltd.	Cowan Group Ltd.
6793 Steeles Avenue, West	705 Fountain Street, North, P.O. Box 1510
Toronto, Ontario	Cambridge, Ontario
M9V 4R9	N1R 5T2
	<b>BROKER'S CLIENT ID: XTRAM-1</b>

### 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 requirement, term or condition 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 <small>(Canadian dollars unless indicated otherwise)</small>	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made <b>or</b> <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or Completed Operations <input type="checkbox"/> Employer's Liability <input checked="" type="checkbox"/> Tenants Legal Liability <input checked="" type="checkbox"/> Non-Owned Automobiles	Economical Insurance Company 4991240	2011/02/25	2012/02/25	Each Occurrence	\$1,000,000
				General Aggregate	\$
				Products-Comp/Op Agg	\$1,000,000
				Personal Injury	\$1,000,000
				Tenants Legal Liability	\$1,000,000
				Non-Owned Auto	\$1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Autos <input checked="" type="checkbox"/> Leased Automobiles** <input type="checkbox"/> <input type="checkbox"/> <small>**All Automobiles Leased In Excess Of 30 Days Where The Insured Is Required to Provide Insurance</small>	Economical Insurance Company 6309565	2011/02/25	2012/02/25	Bodily Injury and Property Damage Combined	\$1,000,000
				Bodily Injury (Per Person)	\$
				Bodily Injury (Per Accident)	\$
				Property Damage	\$
EXCESS LIABILITY <input checked="" type="checkbox"/> Umbrella Form <input type="checkbox"/> Other Than Umbrella Form <small>(specify)</small>	Economical Insurance Company 4991240	2011/02/25	2012/02/25	Each Occurrence	\$4,000,000
				Aggregate	\$4,000,000
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

#### DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS


**CERTIFICATE HOLDER - NAME AND MAILING ADDRESS**

To Whom It May Concern	

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME INCLUDING POSITION HELD Carol Remmert, CAIB
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FAX NUMBER 519-650-6366	EMAIL ADDRESS <a href="mailto:Carol.remmert@cowangroup.ca">Carol.remmert@cowangroup.ca</a>	DATE (YYYY/MM/DD) 2011/02/24
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