



# 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 it May Concern	Kyler's Lawn Care Plus Inc. 13479 Sharpe Rd  Pitt Meadows BC V3Y 1Z1

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

**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 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
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> Claims Made <b>OR</b> <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/>	Wynward Insurance Group  00358417CL01	2023/ 2 / 5	2024/ 2 / 5	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability		5,000,000
				Medical Payments		25,000
				Tenants Legal Liability	1,000	1,000,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles	00358417CL01 Wynward	2023/ 2 / 5	2024/ 2 / 5	Non-Owned Automobile		5,000,000
<input checked="" type="checkbox"/> Hired Automobiles	00358417CL01 Wynward	2023/ 2 / 5	2024/ 2 / 5	Hired Automobiles	1,000	25,000
<b>AUTOMOBILE LIABILITY</b> <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		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Contractor's Liability <input type="checkbox"/> <input type="checkbox"/>				Broad Form Completed Ops		
				Contractors E & O	1,000	250,000
				Rip & Tear	1,000	10,000

**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	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Johnston Meier Insurance Agencies Group 101-19978 72 Ave Langley BC V2Y 1R7  BROKER CLIENT ID: KYL002	

8. CERTIFICATE AUTHORIZATION	
Issuer Johnston Meier Insurance Agencies Group	Contact Number(s) Type No Type No
Authorized Representative Donna Serne	Type Phone No (604) 533-0333 Type Fax No (604) 533-7004
Signature of Authorized Representative	Date EMail Address
2023   3   7	2023   3   7