

### 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.

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS	INSURED’S FULL NAME AND MAILING ADDRESS
To Whom It May Concern	Shine-Eze Window Care Ltd. 486 Holly Place Comox, BC V9M 2H5

**DESCRIPTION OF OPERATIONS & LOCATIONS TO WHICH THIS CERTIFICATE APPLIES** (but only with respect to the operations of the Named Insured)  
**Commercial and Residential Window, Gutter and Siding Cleaner and Incidental Salting of Parking Lots of Strata Complexes**

**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 issue or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusion 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)	
				DEDUCTIBLE	AMOUNT OF INSURANCE
Commercial General Liability - Occurrence	Lloyd’s Underwriters arranged by Special Risk Insurance Managers Po #SR044000	2023/10/11	2024/10/11	\$2,500	\$5,000,000
Products Completed Operations Aggregate					\$5,000,000
Personal & Advertising Injury					\$5,000,000
Tenants Legal Liability				\$1,000	\$250,000
Non-Owned Automobile Liability				\$1,000	\$5,000,000

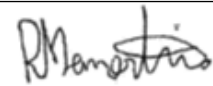
**ADDITIONAL INFORMATION**

**CANCELLATION**

Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail **N/A** days written notice to the certificate holder named above, but failure to mail such notice shall impose to obligation or liability of any kind upon the company, its agents or representatives.

BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
Waypoint Insurance Services Inc. 301 – 841 Cliffe Ave., Courtenay, BC V9N 2J8	
<b>BROKER CLIENT ID:</b>	

**CERTIFICATE AUTHORIZATION**

ISSUER: Waypoint Insurance Services Inc.	PHONE: 604-677-8794
AUTHORIZED REPRESENTATIVE: Riccardo Mamertino	EMAIL: rramertino@waypoint.ca
SIGNATURE OF AUTHORIZED REPRESENTATIVE: 	
DATE: October 11, 2023	