

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	Underwriters as Arranged by Special Risk Insurance Managers Ltd Policy No.: SR044000	2024/10/11	2025/10/11	\$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 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	It is understood and agreed that N/A is added to the Policy as an Additional Insured, but only with respect to legal liability arising out of the operations of the Named Insured.
BROKER CLIENT ID:	

CERTIFICATE AUTHORIZATION

ISSUER: Waypoint Insurance Services Inc.	PHONE: 604-677-8794
AUTHORIZED REPRESENTATIVE: Riccardo Mamertino	EMAIL: rmamertino@waypoint.ca

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

DATE: October 21, 2024