



# 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	
Green Infrastructure Partners 100 New Park Place Unit#500		1562314 Ontario Incorporated 1725 Dundas Street East	
Vaughan ON	POSTAL CODE L4K 0H9	Mississauga Ontario	POSTAL CODE L4X 1L5

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

ARBORICULTURE AND GENERAL TREE CARE - NO PESTICIDE SPRAYING  
RE: BFPP Phase 4 Timberlane Drive, Toronto ON, M3J 1J4

**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 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 OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" 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"/>	Definity Insurance Company - 040274198	2024/05/11	2025/05/11	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000			
						- EACH OCCURRENCE		\$5,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
						<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
						MEDICAL PAYMENTS		\$25,000
						TENANTS LEGAL LIABILITY	\$1,000	\$500,000
						POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Definity Insurance Company -	2024/05/11	2025/05/11	NON-OWNED AUTOMOBILES		\$5,000,000		
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES				
<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
<input type="checkbox"/> DESCRIBED AUTOMOBILES				BODILY INJURY (PER PERSON)				
<input type="checkbox"/> ALL OWNED AUTOMOBILES				BODILY INJURY (PER ACCIDENT)				
<input type="checkbox"/> LEASED AUTOMOBILES **				PROPERTY DAMAGE				
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE								
<b>EXCESS LIABILITY</b>				EACH OCCURRENCE				
<input type="checkbox"/> UMBRELLA FORM				AGGREGATE				
<input type="checkbox"/>								
<b>OTHER LIABILITY (SPECIFY)</b>								
<input type="checkbox"/>								
<input type="checkbox"/>								

**5. CANCELLATION**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail \_\_30\_\_ 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)	
Verge Insurance Brokers Limited 131 Ontario Street P.O. Box 487		Green Infrastructure Partners 100 New Park Place Unit#500	
St Catharines ON	POSTAL CODE L2R 6W2	Vaughan Ontario	POSTAL CODE L4K 0H9
BROKER CLIENT ID: GTATREE-02			

8. CERTIFICATE AUTHORIZATION			
ISSUER Verge Insurance Brokers Limited	CONTACT NUMBER(S)		
AUTHORIZED REPRESENTATIVE Mary Pender	TYPE Main NO. (905) 688-9170	TYPE Fax NO. (905) 688-6265	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	TYPE NO.	TYPE NO.	
	DATE May 16, 2024	EMAIL ADDRESS mpender@vergeinsurance.com	