## CSIO

## CERTIFICATE OF LIABILITY INSURANCE

Security   Charlemagne, QC   POSTAL   CODE	0310	CENTITION	LOI		IADILII	TINSURANCE			
To whom it may concern  9391-3671 Québec Inc. f.a.s.r.s. R. Gauthier Couvreur 180 Ste-Marie  Charlemagne, QC  Course.  Roofing contractor including torch applied hot membrane installation  4. COVERAGE  A COVERAGE  The is sortly his the potose of insurance stock ballon have been included and above for the potory period profession from the control of the standard and above for the potory period profession from the control of the standard and above for the potory period profession from the control of the standard and above for the potory period profession from the control of the potory of the potory of the potory period profession from the control of the potory period profession from the control of the potory of the	This certificate is issued as a mat	ter of information only and confers certificate does not amend, extend	no rights or alter t	s upo he co	n the certifica verage afford	te holder and imposes no liability ed by the policies below.	on the ins	urer.	
DESCRIPTION OF OPERATORISACIONATIONSALTONOBLESSIFECIAL ITEMS TO WHICH THIS CERTIFICIAL PAPERS DUE to they with respect to the operations of the Named Insured  OVERAGES  ***OVERAGES***  ***OVERAGES***  ***OVERAGES***  ***OVERAGES***  ***OVERAGES***  ***OVERAGES***  ***OVERAGES***  ***ITTER IS NO OUTH THIS REPORT OF INSURANCE COMMANY PARENT OF THE STORY WHICH THE ST	1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS								
DESCRIPTION OF OPERATONISAL/DOMOBLESSIFIED ALTERS STO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)  **COMMERCIAL PRINCIPLE STATE OF THIS IS OUT ONly WITH THE CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)  **COMMERCIAL PRINCIPLE STATE OF THIS IS OUT ONly WITH THE STATE OF THE ST	To whom it may concern			9391-3671 Québec Inc. f.a.s.r.s. R. Gauthier Couvreur					
Second processes of the second									
Social Description for present noises, occannose surprosent terms and the process of the patient of the surprosent terms for window in section of the surprosent terms for window in the patient of the surprosent terms for window in the patient of				Ch	arlemagne	OC			
Specification for PREADMEND CONTROL CONTROL CATIONS CHART TOWN CONTROL THIS CERTIFICATE APPLIES Quit only with respect to the operations of the Named Instance  **CONTROL CONTROL CONT		POSTAL		- Citi	arromagno,		PC	OSTAL LET 200	
** COVERAGES  The all boards from the published of insurance issued based when been issued to the insurand named above for the policy proved indicated constructancing any requirements, terms and published that the published insurance all three does by the published requirements and three do	3. DESCRIPTION OF OPERATIONS/LOCATION		IICH THIS CE	ERTIFIC	CATE APPLIES (b)	ut only with respect to the operations of th	CC Named Inc.	DE J52 3G8	
** COVERAGES  ***COVERAGES***  ***COVERAGES**  ***C						at only with respect to the operations of th	e Named Insu	red)	
This is to contrige that the policies of inscriptors have been staked to the instruction and above for the policy professional control to the policy and control to the policy of the policy professional control to the policies of the policy and control to the policies.  LIMIT'S CHONNEY.  TYPE OF INSURANCE  INSURANCE COMPANY AND POLICY NUMBER AND POLICY	g	and applied not monitoral	motune	2001					
This is to contrige that the policies of inscriptors have been staked to the instruction and above for the policy professional control to the policy and control to the policy of the policy professional control to the policies of the policy and control to the policies.  LIMIT'S CHONNEY.  TYPE OF INSURANCE  INSURANCE COMPANY AND POLICY NUMBER AND POLICY	4. COVERAGES								
INSURANCE COMPANY AND POLICY NUMBER  INSURANCE COMPANY INSURANCE COMPANY AND POLICY NUMBER  INSURANCE COMPANY INSU		surance listed below have been issued to the in	sured named	d above	for the policy perio	d indicated possithetending any any increase			
TYPE OF INSURANCE  INSURANCE COMPANY AND POLICY NUMBERS  COMMERCIAL GENERAL LIBBUTY  CLAMB MADE  INSURANCE COMPANY  INSURANCE C	or conditions of any contract or other	document with respect to which this certificate	may be issue	d or ma	ay pertain. The inst	urance afforded by the policies described here	, terms ein is		
COMMERCIAL GENERAL LABILITY  COMMERCIAL LABILITY  COMMERCIAL GENERAL LABIL									
COMMERCIAL GENERAL LABBUTY    CLAMB MADE   98   X   COMMERCIAL GENERAL LABBUTY   COMMERCIAL GENERAL LAB	TYPE OF INSURANCE		DATE		DATE				
COMMERCIAL GENERAL LABBILITY COMMERCIAL GENERAL COMMERCIAL COMMERC				M/DD		COVERAGE	DED.		
CAMBRILLARY OF COMMERCE DEPERATIONS AND FOR COMMERCE DEPERATIONS AND FOR COMMERCE DEPERATIONS AND FOR COMMERCE DEPERATIONS OG 190202   5,000,0	COMMERCIAL GENERAL LIABILITY							WOOTANGE	
PRODUCTS NAD OR COMPLETED OPERATIONS   S.000,0	CLAIMS MADE OR V OCCUPRENCE		1			LIABILITY			
X PROPOSE LIABILITY PROCEDUTION LIBERATY PER PRISON   MICHAPPER LIABILITY   PROCEDUTION LIBERATY PER PRISON   PROCEDUTION LIBERATY PER PRISON	X PRODUCTS AND / OR COMPLETED OPERATIONS	I Indonesia and I landa Office				- EACH OCCURRENCE		5,000,00	
X TEMNITS LEGAL LABILITY    POLITION LABILITY   SOURCE AND AND PROPERTY   LABILITY   SOURCE AND PROPERTY   LABILITY   SOURCE   SOURCE AND PROPERTY   SOURCE   SOURCE	X EMPLOYER'S LIABILITY		2024/2	2/15	2025/2/15			5.000.00	
X TERMITS LEGAL LIABILITY   MEDICAL PAYMENTS   S.0,00,00   POLITION LIABILITY EXTENSION   DOLY PAULE   S.0,00,00   POLITION LIABILITY EXTENSION   DOLY PAULE   S.0,00,00   POLITION LIABILITY   S.0,00	X CROSS LIABILITY	03190202							
ENONTE LEAGUL LIABILITY   POLLUTION LIABILITY EXTENSION   2,000,0	Security Committee Committ					DEDOCALLA AND ADDRESS OF THE PROPERTY OF THE P		5,000,00	
POLIUTION LABILITY EXTENSION    Inderwriters Lloyds Of London   2024/2/15   2025/2/15   20								50,000	
Underwriters Lloyds Of London OG190202   SO24/2/15   SO25/2/15   SOCK NUMBY AND PROPERTY DAMAGE COMBINED DAM				TENANTS LEGAL LIABILITY			2,000,000		
MINORABLES   OG190202   2024/2/15   2025/2/15   RICHOMOBILES   5,000,0	6770					POLLUTION LIABILITY EXTENSION			
AUTOMOBILE LABILITY    DAMAGE COMBINED AUTOMOBILES     LAESED AUTOMO	HIRED AUTOMOBILES		2024/2	2/15	2025/2/15	NON OWNED AUTOMOBILE		5 000 000	
DAMAGE COMBRIDE  ALL OWING DATAMORILES  ALL AUTHORISES  ALL AUTHORISES HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED IN TOURNOTE HEARD HEARD WE DESIGN OF SO DATA WERE THE REJURGED HEARD H	AUTOMOBILE LIABILITY	OG 190202				200		3,000,000	
LEASED AUTOMOBILES IN SOCILY NUMBER PERSON)  BOOLLY NUMBY (PER PERSON)  BOOLLY NUMBY (PER ACCIDENT)  PROPERTY DAMAGE  EXCESS LIABILITY  DIMERELIA FORM  UMGREELA FORM  COMMERCIAL GROWN DOTTER LIOY OF LONDON  X Commercial general liability  OG190202  DIMERCIAL GROWN DOTTER LIOY OF LONDON  OG190202  DOTTER LIABILITY  EACH OCCURRENCE  Limited pollution  5,000,0  50,00  G190202  DOTTER LIABILITY  EACH OCCURRENCE  Limited pollution  5,000,0  Form & Commercial general liability  OG190202  DOTTER LIABILITY  EACH OCCURRENCE  LIMITED PORT & COMMERCIAL GROWN DOTTER AND LINE OF LIMITED PORT AND LINE OF LIMITED PORT AND LINE OF LIMITED PORT AND LINE OF LIN	DESCRIBED AUTOMOBILES								
**ALLATIONISEES LEASE IN SICESS OF SHORMED  **BODIT MULTIPLY (PER ACCIDENT)**  **PROPERTY DAMAGE**  **BODIT MULTIPLY (PER ACCIDENT)**  **PROPERTY DAMAGE**						BODILY INJURY (PER PERSON)			
TOTHORDING ASSURANCE    PROPERTY DAMAGE	** ALL AUTOMOBILES LEASED IN EXCESS OF					BODILY INJURY (PER ACCIDENT)			
EXCESSILABILITY    UMBRELLA FORM	30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					PROPERTY DAMAGE			
Underwriters Lloyds Of London X Commercial general liability X	EXCESS LIABILITY								
OTHER LIABILITY (SPECIFY) X Commercial general liability X Com	UMBRELLA FORM								
X Commercial general liability X Commercial general liability Underwriters Lloyds Of London OG190202 2024/2/15 2025/2/15 Errors & Omissions 250,00  X Commercial general liability Underwriters Lloyds Of London OG190202 2024/2/15 2025/2/15 Errors & Omissions 250,00  250,0						AGGREGATE			
X Commercial general liability X Commercial general liability DG190202 DINDERWRITES Lloyds Of London OG190202 DO24/2/15 DO25/2/15 DO25/2	OTHER LIABILITY (SPECIEV)	Underwritere Useds Of L							
ADDITIONAL INSURED NAME AND MAILING ADDRESS  Westmount, QC  ROKER CLIENT ID: RGAUTHI-01  B. CERTIFICATE AUTHORIZATION  OG190202  OG19020	X Commercial general liability	OG190202			2025/2/15	Limited pollution		5,000,000	
Schould any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail	•	OG190202			2025/2/15	Faulty workmanship		50,000	
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mailXX_ 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.  BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS  BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS  T. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named insured)  AUTHORIZED REPRESENTATIVE NAME AND MAILING ADDRESS (but only with respect to the operations of the Named insured)  POSTAL CODE  CONTACT NUMBER(S)  TYPE Phone No. (877) 464-4589 TYPE FAX NO. (888) 651-3534 NO.		OG190202	2024/2	2/15	2025/2/15	Errors & Omissions		250,000	
BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS  7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)  8. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF					an each				
BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS  7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)  8. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF	continued any of the above described poli	cies be cancelled before the expirat	on date th	ereof	, the issuing c	ompany will endeavor to mail _xx	days writte	n notice to the	
ADDITIONAL INSURED NAME AND MAILING ADDRESS  NEP Canada Corp.  115 Rue Sherbrooke St. W  Suite 500  Vestmount, QC  ROKER CLIENT ID: RGAUTHI-01  S. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF  ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)  POSTAL H3Z 1K9  POSTAL H3Z 1K9  CONTACT NUMBER(S)  TYPE Phone No. (877) 464-4589  TYPE No. TYPE FAX NO. (888) 651-3534  NO.	and the same of th	are to man such notice shall impose	no obliga	tion c	or liability of an	ny kind upon the company, its agen	ts or repres	sentatives.	
In the Sherbrooke St. W Suite 500  Vestmount, QC  ROKER CLIENT ID: RGAUTHI-01  B. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF  POSTAL H3Z 1K9  CONTACT NUMBER(S)  TYPE Phone No. (877) 464-4589  TYPE No. TYPE No.	6. BROKERAGE/AGENCY FULL NAME AND M	MAILING ADDRESS		7	ADDITIONAL INSU	JRED NAME AND MAILING ADDRESS			
Suite 500  Vestmount, QC  ROKER CLIENT ID: RGAUTHI-01  B. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF	IFP Canada Corp.				but only with respect	to the operations of the Named Insured)			
Suite 500  Vestmount, QC  ROKER CLIENT ID: RGAUTHI-01  B. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF	115 Rue Sherbrooke St W								
Vestmount, QC  POSTAL H3Z 1K9  ROKER CLIENT ID: RGAUTHI-01  B. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF  POSTAL H3Z 1K9  POSTAL CODE  POSTAL H3Z 1K9  POSTAL H3Z									
ROKER CLIENT ID: RGAUTHI-01  B. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  AUTHORIZED REPRESENTATIVE Nadia Ndi  SIGNATURE OF  POSTAL CODE  POSTAL CODE  POSTAL CODE  POSTAL CODE  TYPE Phone No. (877) 464-4589  TYPE No. TYPE NO.  POSTAL CODE  POSTAL CODE POSTAL C		T							
B. CERTIFICATE AUTHORIZATION  ISSUER NFP Canada Corp.  CONTACT NUMBER(S)  TYPE Phone NO. (877) 464-4589 TYPE Fax NO. (888) 651-3534  TYPE NO. TYPE NO. TYPE NO.		POSTAL H3Z 1K	9						
ISSUER NFP Canada Corp.  CONTACT NUMBER(S)  TYPE Phone NO. (877) 464-4589 TYPE Fax NO. (888) 651-3534  TYPE NO. TYPE NO. TYPE NO.									
AUTHORIZED REPRESENTATIVE Nadia Ndi  TYPE Phone No. (877) 464-4589 TYPE Fax No. (888) 651-3534 TYPE No. TYPE No.	B. CERTIFICATE AUTHORIZATION								
AUTHORIZED REPRESENTATIVE NAdia Ndi  TYPE  NO.  TYPE  NO.	ISSUER NFP Canada Corp.								
SIGNATURE OF NO.	AUTHORIZED REPRESENTATIVE Nadia Ndi					•		The second second second second	
	SIGNATURE OF						NO.		