



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
Insurance Confirmation	Neighbours Tree Company Ltd.
	Unit 15 Sherwood Drive
	Sherwood Park, AB
POSTAL CODE	POSTAL CODE T8A 3X3
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)	

TREE REMOVAL, TRIMMING, PRUNING - NO SPRAYING

4. COVERAGES	<p>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.</p> <p style="text-align: center;">LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</p>
---------------------	---

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
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Definity Insurance Company 40358540	2025/7/21	2026/7/21	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE	1,000	5,000,000 5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000 5,000,000
				MEDICAL PAYMENTS		25,000
				TENANTS LEGAL LIABILITY	1,000	500,000
				POLLUTION LIABILITY EXTENSION		
<input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Definity Insurance Company 40358540	2025/7/21	2026/7/21	NON OWNED AUTOMOBILE		5,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	Intact Insurance 7V1901799	2025/4/27	2026/4/27	BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE		5,000,000 5,000,000 5,000,000 5,000,000
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE AGGREGATE		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <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 endeavor to mail <u>30</u> 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 <small>(but only with respect to the operations of the Named Insured)</small>
Brokerlink Inc	See Notes on Page 2 if Applicable
Suite 101, 575 - 100 Street SW	
Edmonton, AB	
POSTAL CODE	T6X 0S8
BROKER CLIENT ID: NEIGTRE-01	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	
ISSUER Brokerlink Inc	CONTACT NUMBER(S) TYPE Phone NO. (780) 474-8911 TYPE Fax NO. (780) 675-2164
AUTHORIZED REPRESENTATIVE Sanjay Meynan	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Camie Maki</i>	DATE 2025/7/11 EMAIL ADDRESS smeynan@brokerlink.ca