

MEMORANDUM OF INSURANCE

This memorandum is to confirm that the following insurance is in full force and effect as of the date of this memorandum.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS					
Enviro-Eze Transport Inc.	Cowan Insurance Group Ltd.					
	705 Fountain Street North					
7201 Line 86, RR# 3	Cambridge, ON N1R 5T2					
Wallenstein ÓN N0B 2S0						
	BROKER'S CLIENT ID: ENVIR-0					
Description of Operations to which this Memorandum applies:						
Trucking						

COVERAGES

This memorandum describes coverage in force at the date of issue hereof and is furnished as a matter of information only, and confers no rights or obligations to the holder.

TYPE OF INSURANCE			NCE COMPANY EFFECTIVE DATE E		EXPIRY DATE MM/DD/YY	(Canac	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
COMMERCIAL GENERAL LI	ABILITY		ice Co. of Canada	12/31/16	12/31/17	Each Oc	currence	\$2,000,000	
□Claims Made <u>or</u> ⊠ Occurrence ⊠ Products and/or Completed Operations ⊠ Tenants Legal Liability ⊠ Non-Owned Automobiles		RMGL9897501				General	Aggregate	\$2,000,000	
								\$2,000,000	
						Persona	ns Aggregate	\$2,000,000	
							Legal Liability	\$2,000,000	
General Aggregate Limit Appl ☑ Policy ☐ Project						0 1	\$2,000,000		
AUTOMOBILE LIABILITY		AIG Insurance Co. of Canada RMBA1245128		12/31/16	12/31/17		rty Liability	\$2,000,000	
							Deductible	\$5,000	
□All Owned Autos □Leased Automobiles**							7B – Liability for to Non Owned	\$150,000	
OPCF 21B - Blanket Fleet Coverage						Trailers/			
**All Automobiles Leased In Excess Of 30 Days						All Perils Deductible		\$5,000	
Where The Insured Is Required to Provide Insurance									
OTHER LIABILITY (SPECIFY) ⊠Motor Truck Cargo		AlG Insurance Co. of Canada RMBC 29331511 Aviva Insurance Company CMP 81593781		12/31/16	12/31/17	Each Ca Vehicle	rgo Carrying	\$125,000	
					10/04/17	Catastro	phe Limit	\$125,000	
⊠Excess Motor Truck Cargo □				12/31/16	12/31/17	Excess Motor Truck Cargo		\$250,000	
						Catastro	phe Limit	\$500,000	
SIGNATURE OF AUTHORIZED REPRESENTATIVE						11/6		l	
SIGNATURE OF AUTHORIZED REPRESENTATIVE			PRINT NAME OF AUTHORIZED REPRESENTATIVE						
Jen openate			Kim Newmaster						
PHONE NUMBER	FAX NUMBER	`	EMAIL ADDRESS				DATE December 13, 2016		
519-650-6360 519-650-6432 Kim.newmast				er@cowangroup.ca			December 13, 2010		

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