



Intact Insurance Company

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.

1. CERTIFICATE HOLDER – NAME AND MAILING ADDRESS To Whom It May Concern POSTAL CODE:	2. INSURED'S FULL NAME AND MAILING ADDRESS Travel Sensations East Inc. 1800 Sheppard Avenue East Toronto ON POSTAL CODE: M2Z 5A7
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3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
 Travel Agency / Tour Operator / Bus Charter Operations

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	POLICY NO.	EFFECTIVE DATE (YYYY/MM/DD)	EXPIRY DATE (YYYY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
				COVERAGE	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> LR02 OR <input type="checkbox"/> LR20 <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> Pollution Liability Exclusion Standard <input type="checkbox"/> Limited – 120 hours <input type="checkbox"/> Other	501112558	2018 / 11 / 01	2019 / 11 / 01	COMMERCIAL GENERAL LIABILITY	
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY	
				- GENERAL AGGREGATE	\$ 5,000,000
				- EACH OCCURRENCE	\$ 5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE	\$ 5,000,000
				<input checked="" type="checkbox"/> PERSONAL INJURY AND ADVERTISING INJURY LIABILITY	\$ 5,000,000
- Any one person or organization					
				MEDICAL PAYMENTS – Any one person	\$ 25,000
				TENANTS LEGAL LIABILITY – Any one premises	\$ 500,000
				NON- OWNED AUTOMOBILE	\$
OTHER COVERAGES (SPECIFY)	501112558	2018 / 11 / 01	2019 / 11 / 01	MISCELLANEOUS ERRORS AND OMISSIONS LIABILITY - CLAIMS MADE (AGGREGATE)	\$ 1,000,000
<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY					
<input type="checkbox"/>					
<input type="checkbox"/>					

5. CANCELLATION
 Should any of the above described policies be cancelled before the expiration date thereof, the insurer will endeavor to mail 0 (zero) 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 Gellatly Insurance Brokers, A Division of Breckles Group of Companies Inc. 210 - 5399 Eglinton Avenue West, Toronto ON POSTAL CODE: M9C 5K6 BROKER CLIENT ID: TRAVE-5	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability – but only with respect to the operations of the Named Insured) POSTAL CODE:
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If Section 7 is completed, the policy must be endorsed or contain specific language providing Additional Insured status and such status shall only apply to the extent indicated in such endorsement or policy language.

8. CERTIFICATE AUTHORIZATION

ISSUER: Wendi Trauzzi Ext. #116	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE: Gellatly Insurance Brokers, A Division of Breckles Group of Companies Inc.	TYPE Phone	NO. 416-236-2321	TYPE Fax	NO. 416-236-2793
	TYPE	NO.	TYPE	NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE: 	EMAIL ADDRESS: wtrauzzi@brecklesgroup.com		DATE (YYYY/MM/DD) 2018 / 10 / 09	