

<b>CERTIFICATE OF LIABILITY INSURANCE</b>					<b>ISSUE DATE YYYY/MM/DD</b> 2020/02/14																	
<b>BROKER</b>  <div style="display: flex; align-items: center;"> <div> <b>HUB International Ontario Limited</b>            2265 Upper Middle Road East, Suite 700            Oakville, ON L6H 0G5         </div> </div>			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.																			
<b>INSURED'S FULL NAME AND MAILING ADDRESS</b> Busch Systems International Inc. 81 Rawson Ave Barrie, ON L4N6E5			Company A      Intact Insurance Company of Canada																			
			Company B      Royal & Sun Alliance Facility																			
			Company C																			
			Company D																			
			Company E																			
<b>COVERAGES</b>																						
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.																						
<b>LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</b>																						
<b>TYPE OF INSURANCE</b>	<b>CO LTR</b>	<b>POLICY NUMBER</b>	<b>EFFECTIVE DATE</b> YYYY/MM/DD	<b>EXPIRY DATE</b> YYYY/MM/DD	<b>LIMITS OF LIABILITY</b> (Canadian dollars unless indicated otherwise)																	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE <input type="checkbox"/> HIRED AUTOMOBILE	A	501393321	2020/02/03	2021/02/03	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PERSONAL INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>EMPLOYER'S LIABILITY</td><td style="text-align: right;">\$</td></tr> <tr><td>TENANT'S LEGAL LIABILITY</td><td style="text-align: right;">\$ 5,000,000</td></tr> <tr><td>NON-OWNED AUTOMOBILE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>HIRED AUTOMOBILE</td><td style="text-align: right;">\$</td></tr> </table>		EACH OCCURRENCE	\$ 2,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGGREGATE	\$ 2,000,000	PERSONAL INJURY	\$ 2,000,000	EMPLOYER'S LIABILITY	\$	TENANT'S LEGAL LIABILITY	\$ 5,000,000	NON-OWNED AUTOMOBILE	\$ 2,000,000	HIRED AUTOMOBILE	\$
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<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>	B	RIC052819360	2019/10/04	2020/10/04	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>BODILY INJURY</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PROPERTY DAMAGE COMBINED</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$ 2,000,000</td></tr> </table>		BODILY INJURY	\$ 2,000,000	PROPERTY DAMAGE COMBINED	\$	BODILY INJURY (Per person)	\$ 2,000,000	BODILY INJURY (Per accident)	\$ 2,000,000	PROPERTY DAMAGE	\$ 2,000,000						
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<b>DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES</b> (but only with respect to the operations of the Named Insured) OPERATIONS: Design, Manufacture, Sales & Distribution of Plastic/Steel Containers Capitol Regional Council of Governments is added as Additional Insured(s) to the Commercial General Liability Policy but only insofar as their legal liability arises, vicariously, out of operations performed by, or on behalf of, the Named Insured.																						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>																			
Capitol Regional Council of Governments 241 Main Street, 4th Hartford, CT 06106			Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.  AUTHORIZED REPRESENTATIVE <div style="text-align: center; margin-top: 20px;"> </div> Per: _____ Page 1 of 1																			