



SASKATCHEWAN MUTUAL INSURANCE COMPANY

CERTIFICATE OF INSURANCE

The Insurance afforded by this certificate is subject to all the terms, conditions and exclusions of the applicable policies. This certificate is issued as a matter of information only and confers no rights to the holder and imposes no liability on the Insurer.

Name and Address of Insured: _____

Name and Address of Broker: _____

Certificate Holder: _____

This is to certify that policies of insurance listed below have been issued by SMI to the Insured named above and are in force at this date.

| Type of Insurance | Policy Number | Expiry Date | Limit(s) of Liability |
|---|---------------|-------------|--|
| General Liability <input type="checkbox"/> Products/Comp. Ops. excluded <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Contractual <input type="checkbox"/> Personal Injury <input type="checkbox"/> Employers' Liability <input type="checkbox"/> Non-Owned Auto | | | Bodily Injury and Property Damage Combined Each Occurrence Limit \$ Aggregate Limit \$ Personal Injury Limit \$ Bodily Injury and Property Damage \$ |
| Automobile Liability <input type="checkbox"/> Owned/Leased <input type="checkbox"/> Non-Owned | | | Bodily Injury and Property Damage Inclusive Limits \$ |
| Motor Truck Cargo | | | Maximum Any One Vehicle \$ |

Description of Operations/Locations/Vehicles: _____

The Insurer will endeavour to mail to the holder of this certificate 15 days written notice of any change in or cancellation of these policies, but assumes no responsibility for failure to do so.

Date Issued _____

 Authorized Representative