

Co-operators General Insurance Company

CONFIRMATION OF INSURANCE

This is to confirm to: United Decorating Inc.

Mailing Address: Bay # 7
624 B Beaver Dam Road NE
Calgary
Alberta
T2K 4W6

That a policy of insurance as herein described has been issued to the Insured named below and is in full force.

Occupancy/Operations to which this Confirmation applies: Painting - Interior / Exterior and Retail store

Legal Location of Insured Risk: Bay # 7
624 B Beaver Dam Road NE
Calgary
Alberta
T2K 4W6

Name of Insured: United Decorating Inc.

Mailing Address: Bay # 7
624 B Beaver Dam Road NE
Calgary
Alberta
T2K 4W6

Coverage: Property Insurance **Policy Number:** 1694584 **Effective Date:** 25/11/2015 **Expiry Date:** 25/11/2016

Limit of Insurance
Deductible
Co-Insurance

Notes: B-15 Contractors Equipment \$350,000 with a \$1000 Deductible.

Coverage: Commercial General Liability **Policy Number:** 1694584 **Effective Date:** 25/11/2015 **Expiry Date:** 25/11/2016

The Commercial General Liability section provides coverage for the following:

- Bodily Injury and Property Damage including:
- Products Completed Operations
 - Broad Form Property Damage
 - Contractual Liability
 - Cross Liability

Limits of Insurance:

Each Occurrence Limit - Bodily Injury and Property Damage	\$10,000,000
Aggregate Limit - Products/Completed Operations	\$10,000,000
Personal Injury Limit	\$10,000,000
Medical Expenses Limit	\$10,000
Tenants Legal Liability Limit - Broad Form	\$250,000

Other Coverages:

Additional Insured - Misc D-1(Z)	Incl
D-6 Non-Owned Auto Coverage \$10,000,000	Incl

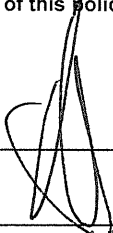
Coverage: Commercial Auto **Policy Number:** **Effective Date:** **Expiry Date:**

Inclusive Limits - Bodily Injury and Property Damage Combined

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

The Insurer will endeavor to provide to mail to the holder of this Confirmation 30 days written notice of any material change in or cancellation of this policy, but assumes no responsibility for failure to do so.

CO-OPERATORS GENERAL INSURANCE COMPANY



Dave Anagnostou
Authorized Representative

25Nov2015
Date Issued

Authorized Representative Signature
(if required)

CGG088 (09/13)