CERTIFICATE OF INSURANCE										DATE (YYYY/MM/DD) 2021/01/28		
BROK M		OUS Red pople working for you.	218-199 Fro Belleville, O	nsurance Brokers Ltd. nt Street, PO Box 356 N K8N 5H5 6-7001 Fax: (613) 966-8907		This Certificate is issued as a matter of information only certificate holder. This certificate does not amend, extern the policies below.						
INSURED						COMPANIES AFFORDING COVERAGE						
Minimax Logistics Inc. /Logistique Minimax Inc.						COMPANY A SUM Inc. through Certain Underwriters at Lloyd's of London					vriters at Lloyd's	
		cation Road,	9			COMPANY	COMPANY B					
Con	rwall	, ON K6H 5R9				COMPANY	COMPANY C					
						COMPANY	COMPANY D					
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 requirement, term or condition 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 the terms, exclusions and conditions of such policies, exclusions and conditions of such policies. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS												
CO. LTR		TYPE OF INSURA	NCE	POLICY NUMBER	POLICY EFFECTIVE DATE (YYYY/MM/DD)			CY EXPIRY DATE 'Y/MM/DD)		LIMITS		
	COMMERCIAL GENERAL LIABILITY				,	,	,	•				
		CLAIMS MADE							BODILY INJURY & PRO DAMAGE INCLUSIVE L			
		OCCURRENCE							GENERAL AGGREGAT			
		PRODUCTS AND/OR COMPLETED OPERATIONS							PRODUCTS/COMPLET OPERATIONS AGGRE			
		PERSONAL INJURY							PERSONAL INJURY			
		☐ EMPLOYER'S LIABILITY							EMPLOYERS LIABILITY	Υ		
									TENANTS LEGAL LIAB	BILITY		
	NON-OWNED AUTOMOBILE, SPF6							NON-OWNED AUTOMOE	BILE			
Α		THER (SPECIFY)		SUM-LOG-09933-005	2021/	021/03/01		22/03/01				
									LIMIT (PER OCCURREN	ICE)	500,000	
		ERRORS & OMISSIONS							LIMIT (PER OCCURREN		500,000	
		CONTINGENT CARGO LIABILITY							DEDUCTIBLE	ICE)	500,000 5,000	
	EXC	ESS LIABLITY										
		UMBRELLA LIABIL	ITY						EACH OCCURRENCE			
		OTHER THAN UMB FORM	BRELLA						SIR			
DES	CRIPT	TION OF OPERATI	IONS/LOCA	TIONS/SPECIAL CONDITION	NS/OTHER	₹:			Note: Limits	are State	d in Canadian Dollars.	
PROOF OF INSURANCE												
CERTIFICATE HOLDER						AUTHORIZED REPRESENTATIVE: JAKE HOVINGA						
Attn: Fax/Email: To Whom It May Concern							Hunga					