



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS				
Anthem Cloverdale Retail Ltd Suite 1100-1055 Dunsmuir Street Vancouver, BC V7X 1K8		Grease Ducks Ltd 200 - 100 Park Royal West Vancouver, B.C. V7T1A2				
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)						
Commercial Kitchen Cleaning, Degreasing and Fire Suppression System Services Additional Insured: Anthem Cloverdale Retail Ltd Additional Insured: Anthem Shopping Centres 2020 LP Additional Insured: Anthem Shopping Centres 2020 GP Ltd Additional Insured: Anthem Works Ltd and all affiliates						
4. COVERAGES						
<p>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 the terms, exclusions and conditions of such policies.</p> <p style="text-align: center;">LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</p>						
TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** <small>** All Automobiles leased in excess of 30 days where the insured is required to provide Insurance</small>	Intact Insurance 501035174	2023/ 2 / 6	2024/ 2 / 6	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate	1,000	10,000,000
				- Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate	1,000	5,000,000
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000
				Medical Payments	1,000	10,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> <input type="checkbox"/>	ICBC			Bodily Injury and Property Damage Combined		1,000,000
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
				Each Occurrence		
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Aggregate		
5. CANCELLATION						
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 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			7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)			
iCare Insurance Brokers Ltd. #105 - 3790 Canada Way Burnaby, BC V5G 1G4			Anthem Cloverdale Retail Ltd Suite 1100-1055 Dunsmuir Street Vancouver, BC V7X 1K8			
BROKER CLIENT ID: GRED01						
8. CERTIFICATE AUTHORIZATION						
Issuer iCare Insurance Brokers Ltd.		Contact Number(s)				
Authorized Representative Julius DeSilva		Type	No	Type	No (604) 970-0916	
Signature of Authorized Representative <input checked="" type="checkbox"/> <i>Julius DeSilva</i>		Type Phone	No (604) 628-5177	Type Fax	No (604) 628-5179	
Date 2023 11 21		EMail Address			julius@icareinsurance.ca	