

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
1085459 B.C. Ltd Dba Togo Sushi 4720 Kingsway Unit 339 Burnaby, B.C. V5H 4N2	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

4. COVERS

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.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

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				Commercial General Liability		
<input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence				Bodily Injury and Property Damage Liability - - General Aggregate	1,000	5,000,000
<input checked="" type="checkbox"/> Products and/or completed operations				- Each Occurrence	1,000	5,000,000
<input type="checkbox"/> Employer's Liability				Products and Completed Operations Aggregate	1,000	5,000,000
<input type="checkbox"/> Cross Liability				<input type="checkbox"/> Personal Injury Liability	1,000	5,000,000
<input type="checkbox"/> Waiver of Subrogation				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000
<input type="checkbox"/> Tenants Legal Liability				Medical Payments	1,000	10,000
<input type="checkbox"/> Pollution Liability Extension				Tenants Legal Liability	1,000	500,000
<input type="checkbox"/>				Pollution Liability Extension		
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/> Non-Owned Automobiles				Non-Owned Automobile		
<input type="checkbox"/> Hired Automobiles				Hired Automobiles		
AUTOMOBILE LIABILITY				Bodily Injury and Property Damage Combined		1,000,000
<input type="checkbox"/> Described Automobiles				Bodily Injury (Per Person)		
<input type="checkbox"/> All Owned Automobiles				Bodily Injury (Per Accident)		
<input type="checkbox"/> Leased Automobiles **				Property Damage		
** All Automobiles leased in excess of 30 days where the insured is required to provide insurance						
EXCESS LIABILITY				Each Occurrence		
<input type="checkbox"/> Umbrella Form				Aggregate		
<input type="checkbox"/>						
OTHER LIABILITY (SPECIFY)						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

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 BROKER CLIENT ID: GRED01	Ivanhoe Cambridge Inc. & Ivanhoe Cambridge I Inc. & Ivanhoe Cambridge II Inc. & Ivanhoe Cambridge III Inc. & Greater Vancouver Water District #604 - 4720 Kingsway Burnaby, B.C. V5H4N2

8. CERTIFICATE AUTHORIZATION

Issuer	iCare Insurance Brokers Ltd.	Contact Number(s)		
Authorized Representative	Rick Myers	Type	No	Type
Signature of Authorized Representative		Type Phone	No (604) 628-5177	Type Fax
		Date	2017 2 27	EMail Address
			2017 2 27	