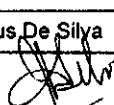


CERTIFICATE OF LIABILITY INSURANCE

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																																																																																																											
G-Men Restaurant 3711 Bayview St Richmond BC V7E 3B6		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. COVERAGE																																																																																																													
<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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS</p> <table border="1"> <thead> <tr> <th rowspan="2">TYPE OF INSURANCE</th> <th rowspan="2">INSURANCE COMPANY AND POLICY NUMBER</th> <th rowspan="2">EFFECTIVE DATE YYYY/MM/DD</th> <th colspan="2">LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)</th> </tr> <tr> <th>COVERAGE</th> <th>DED.</th> <th>AMOUNT OF INSURANCE</th> </tr> </thead> <tbody> <tr> <td rowspan="10">COMMERCIAL GENERAL LIABILITY</td> <td rowspan="10">Intact Insurance 5XL035174</td> <td rowspan="10">2020/ 2 / 6</td> <td rowspan="10">2021 / 2 / 6</td> <td>Commercial General Liability Bodily Injury and Property Damage Liability - General Aggregate</td> <td>1,000</td> <td>5,000,000</td> </tr> <tr> <td>- Each Occurrence</td> <td>1,000</td> <td>5,000,000</td> </tr> <tr> <td>Products and Completed Operations Aggregate</td> <td>1,000</td> <td>5,000,000</td> </tr> <tr> <td><input type="checkbox"/> Personal Injury Liability</td> <td>1,000</td> <td>5,000,000</td> </tr> <tr> <td><input checked="" type="checkbox"/> Personal and Advertising Injury Liability</td> <td></td> <td></td> </tr> <tr> <td>Medical Payments</td> <td>1,000</td> <td>10,000</td> </tr> <tr> <td>Tenants Legal Liability</td> <td>1,000</td> <td>500,000</td> </tr> <tr> <td>Pollution Liability Extension</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Owned Automobiles</td> <td></td> <td></td> <td>Non-Owned Automobile</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Hired Automobiles</td> <td></td> <td></td> <td>Hired Automobiles</td> <td></td> <td></td> </tr> <tr> <td rowspan="5">AUTOMOBILE LIABILITY</td> <td rowspan="5"></td> <td rowspan="5"></td> <td rowspan="5"></td> <td>Bodily Injury and Property Damage Combined</td> <td></td> <td>1,000,000</td> </tr> <tr> <td>Bodily Injury (Per Person)</td> <td></td> <td></td> </tr> <tr> <td>Bodily Injury (Per Accident)</td> <td></td> <td></td> </tr> <tr> <td>Property Damage</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="3">EXCESS LIABILITY</td> <td rowspan="3"></td> <td rowspan="3"></td> <td rowspan="3"></td> <td>Each Occurrence</td> <td></td> <td></td> </tr> <tr> <td>Aggregate</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5">OTHER LIABILITY (SPECIFY)</td> <td rowspan="5"></td> <td rowspan="5"></td> <td rowspan="5"></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>					TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		COVERAGE	DED.	AMOUNT OF INSURANCE	COMMERCIAL GENERAL LIABILITY	Intact Insurance 5XL035174	2020/ 2 / 6	2021 / 2 / 6	Commercial General Liability Bodily Injury and Property Damage Liability - General Aggregate	1,000	5,000,000	- Each Occurrence	1,000	5,000,000	Products and Completed Operations Aggregate	1,000	5,000,000	<input type="checkbox"/> Personal Injury Liability	1,000	5,000,000	<input checked="" type="checkbox"/> Personal and Advertising Injury Liability			Medical Payments	1,000	10,000	Tenants Legal Liability	1,000	500,000	Pollution Liability Extension									<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	Bodily Injury (Per Person)			Bodily Injury (Per Accident)			Property Damage						EXCESS LIABILITY				Each Occurrence			Aggregate						OTHER LIABILITY (SPECIFY)																		
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iCare Insurance Brokers Ltd. #105 - 3790 Canada Way Burnaby, BC V5G1G4																																																																																																													
BROKER CLIENT ID: GRED01																																																																																																													
8. CERTIFICATE AUTHORIZATION																																																																																																													
Issuer	iCare Insurance Brokers Ltd.	Contact Number(s)																																																																																																											
Authorized Representative	Julius De Silva	Type	No	Type No (604) 970-0916																																																																																																									
Signature of Authorized Representative	X 	Type Phone	No (604) 628-5177	Type Fax No (604) 628-5179																																																																																																									
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