

# CERTIFICATE OF INSURANCE

**ISSUE DATE (MM/DD/YY)**

03/02/2018

**BROKER**



**Purves Redmond Limited**  
 70 University Avenue, Suite 400  
 Toronto, ON M5J 2M4  
 TOLL FREE 800-465-1137  
 Evelyn Sevilla  
 PHONE: 416-362-4246 FAX: 866-570-6922

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Company A	Chubb Insurance Company of Canada
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Company B	
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Company C	
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Company D	
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Company E	
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**INSURED'S FULL NAME AND MAILING ADDRESS**  
 TST Solutions, S.E.C. / TST Solutions L.P., TST Expedited Services (including TST Air)  
 8801 Trans-Canada Highway, bureau 500  
 St-Laurent, QC H4Z 1Z6  
 Canada

**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. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> PERSONAL INJURY <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> TENANT'S LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILE <input type="checkbox"/> HIRED AUTOMOBILE					EACH OCCURRENCE	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGGREGATE	\$
					PERSONAL INJURY	\$
					EMPLOYER'S LIABILITY	\$
					TENANT'S LEGAL LIABILITY	\$
					NON-OWNED AUTOMOBILE	\$
					HIRED AUTOMOBILE	\$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> <small>**ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE	\$
					AGGREGATE	\$
<b>OTHER (SPECIFY)</b> AVIATION LIABILITY	A	AIM 1883067 (Non-Owned Aircraft) / AIM 1883066 (Liability)	03/01/2018	03/01/2019	Per Occurrence	\$ 5,000,000
						\$
						\$
						\$
						\$

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS/ ADDITIONAL INSURED**

**CERTIFICATE HOLDER**

To Whom it May Concern

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOUR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Per: \_\_\_\_\_

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