

# CERTIFICATE OF INSURANCE - COMMERCIAL LIABILITY

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

<b>1. CERTIFICATE HOLDER</b> Name: To Whom It May Concern  Mailing Address:	<b>2. INSURED'S</b> Name: Silver Ridge Design Build Inc and/or WestBuilt Structures Inc and/or Westerveld Holdings Inc Mailing Address: 34441 Sixth Line, Shedden, ON N0L 2E0
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**3. BROKER NAME AND MAILING ADDRESS**  
 Beth Hackett Insurance Agency Ltd., 663 Broadway St., Wyoming, ON N0N 1T0

**4. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES**  
 (but only with respect to the operations of the Named Insured)  
 Building construction (no design)

**5. 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. Lambton Mutual Insurance Company makes no representations that the insurance as described in this Certificate satisfies any contractual obligations of the insured to provide insurance. The insured and any other party relying on this Certificate shall satisfy themselves that the insurance described herein satisfies any contractual requirements of the insured to provide insurance. The insurance afforded by the policies described herein is subject to all 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	AMOUNTS INSURED OR LIMITS OF LIABILITY (Canadian dollars)	
				COVERAGE	AMOUNT OF INSURANCE
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> BUSINESS AND PERSONAL LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY CLAUSE & SEVERABILITY OF INTEREST <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY <input checked="" type="checkbox"/> PRODUCTS AND COMPLETED OPERATIONS <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY – BROAD FORM <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILE (INCLUDING OEF 98B/SEF 99) <input type="checkbox"/> SEF 94 – LEGAL LIABILITY FOR DAMAGE TO HIRED AUTOMOBILES DEDUCTIBLE <input type="checkbox"/> EMPLOYERS' BODILY INJURY	66996C01	2025/04/30	2026/04/30	EACH OCCURRENCE	\$5,000,000.
				AGGREGATE LIMIT(S): \$6,000,000.	
				<input type="checkbox"/> GENERAL	\$5,000,000.
				<input type="checkbox"/> PRODUCTS-COMPLETED OPERATIONS	\$5,000,000.
				MEDICAL EXPENSE ANY ONE PERSON	\$25,000.
				TENANTS LEGAL LIABILITY PER PREMISES	\$500,000.
				NON-OWNED AUTOMOBILE	\$5,000,000.
ADDITIONAL INSURED    YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SEE ATTACHED <input type="checkbox"/>					

**EXCESS LIABILITY**

<input type="checkbox"/> UMBRELLA FORM				EACH OCCURRENCE	
				AGGREGATE	
<input type="checkbox"/> EXCESS FORM				EACH OCCURRENCE	
				AGGREGATE	

**AUTOMOBILE LIABILITY**

<input type="checkbox"/> OWNERS POLICY FORM					
<input type="checkbox"/> ALL OWNED VEHICLES <input type="checkbox"/> ALL LEASED VEHICLES FROM LISTED LESSORS <input type="checkbox"/> DESCRIBED VEHICLES					
<input type="checkbox"/> OWNERS POLICY FORM					
<input type="checkbox"/> ALL OWNED VEHICLES <input type="checkbox"/> EXCLUDING OWNED VEHICLES					

Each of the following Endorsements limit the coverage of the above policy(s):

1. ELI-0065-1218 Additional Property Damage Exclusion
2. ELI-0071-1218 Contractual Liability Limitation Endorsement
3. OEF98B Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement
4. SEF99 Excluding Long Term Leased Vehicle Endorsement
5. ELI-1557-1220 Communicable Disease Exclusion Endorsement

**6. Special Conditions:**

**7. 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 above, but failure to mail such notice shall impose no obligation nor liability of any kind upon the company, its agents or representatives.

**8. REMARKS/NOTES:**

**9. CERTIFICATE AUTHORIZATION**



**LAMBTON MUTUAL**

7873 Confederation Line, Box 520  
Watford, ON N0M 2S0  
t: 1-800-561-4136  
t: 519-876-2304  
f: 519-876-6626

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

*Jessie Van Eijk*

DATE:

March 31, 2025