



MEMORANDUM OF INSURANCE

This memorandum is to confirm that the following insurance is in full force and effect as of the date of this memorandum.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
Klearview Window Cleaning Ltd. 1-188 Turnbull Ct. Cambridge, ON N1T 1J2	Cowan Insurance Group Ltd. 705 Fountain Street North, P.O. Box 1510 Cambridge, ON N1R 5T2
BROKER'S CLIENT ID: KLEAWIN-01	
Description of Operations to which this Memorandum applies:	
Window Cleaning Contractor – Proof of Insurance	

COVERAGES

This memorandum describes coverage in force at the date of issue hereof and is furnished as a matter of information only, and confers no rights or obligations to the holder.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF LIABILITY <small>(Canadian dollars unless indicated otherwise)</small>	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made or <input type="checkbox"/> Occurrence <input type="checkbox"/> Products and/or Completed Operations <input type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> <input type="checkbox"/>	Dominion Of Canada ABL8375909	01/19/25	01/19/26	Each Occurrence	
				General Aggregate	\$
				Products & Completed Operations Aggregate	\$
				Personal Injury	\$
				Tenants Legal Liability	\$
NON-OWNED AUTOMOBILE LIABILITY <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Damage to Hired Autos				Non-Owned Auto	\$
				Hired Auto	\$
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input checked="" type="checkbox"/> All Owned Autos <input type="checkbox"/> Leased Automobiles** <input type="checkbox"/> <small>**All Automobiles Leased In Excess Of 30 Days Where The Insured Is Required to Provide Insurance</small>	Dominion of Canada ABL8375909	01/19/25	01/19/26	Bodily Injury and Property Damage Combined	\$5,000,000
				Bodily Injury (Per Person)	\$
				Bodily Injury (Per Accident)	\$
				Property Damage	\$
EXCESS LIABILITY <input type="checkbox"/> Umbrella or <input type="checkbox"/> Excess Form <input type="checkbox"/> Other _____				Each Occurrence	\$
				Aggregate	\$
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Danielle Trecroce</i>		PRINT NAME OF AUTHORIZED REPRESENTATIVE Danielle Trecroce	
PHONE NUMBER 519-650-6360	FAX NUMBER 519-650-6366	EMAIL ADDRESS Danielle.trecroce@cowangroup.ca	DATE January 17, 2025