

CSIO CERTIFICATE OF INSURANCE						DATE (YY/MM/DD) 09/10/30
BROKER Safety Insurance 538 Main Street, Unit 1 Hartland, NB BROKER'S CLIENT ID: BULKC-2			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.			
INSURED'S FULL NAME AND MAILING ADDRESS Bulk Carriers (PE) Ltd John F Kelly PO Box 153 Cornwall, PE E0A 1H0			COMPANIES AFFORDING COVERAGE			
			COMPANY A Market Insurance			
			COMPANY B			
			COMPANY C			
			COMPANY D			
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 (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
COMMERCIAL GENERAL LIABILITY						
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE	A	2010390	09/10/31	10/10/31	EACH OCCURRENCE	\$ 500000
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS	A				GENERAL AGGREGATE	\$ 500000
<input type="checkbox"/> EMPLOYER'S LIABILITY	A				PRODUCTS - COMP/OP AGG	\$ Included
<input checked="" type="checkbox"/> CROSS LIABILITY	A				PERSONAL INJURY	\$ Included
<input type="checkbox"/> TENANT'S LEGAL LIABILITY	A	2010390	09/10/31	10/10/31	TENANT'S LEGAL LIABILITY	\$ 200000
<input checked="" type="checkbox"/> NON-OWNED	A				MED EXP (Any one person)	\$
<input type="checkbox"/> HIRED	A				NON-OWNED AUTO	\$ 500000
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION	A				OPTIONAL POLLUTION LIABILITY EXTENSION	\$
AUTOMOBILE LIABILITY						
<input type="checkbox"/> DESCRIBED AUTOMOBILES	A	2010390	09/10/31	10/10/31	BODILY INJURY PROPERTY DAMAGE COMBINED	\$ 500000
<input checked="" type="checkbox"/> ALL OWNED AUTOS	A				BODILY INJURY (Per person)	\$ INCLUDED
<input checked="" type="checkbox"/> LEASED AUTOMOBILES	A				BODILY INJURY (Per accident)	\$ INCLUDED
SEP#27-Non-Owned Veh	A				PROPERTY DAMAGE	\$ INCLUDED
SEP#5-Permission to	A	\$150,000 LIMIT RENT/LEASE INCLUDED	09/10/31	10/10/31		
* ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE						
EXCESS LIABILITY						
<input type="checkbox"/> UMBRELLA FORM					EACH OCCURRENCE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					AGGREGATE	\$
(Specify)						
OTHER LIABILITY (SPECIFY) Cargo	A	2010390	09/10/31	10/10/31	Cargo-All Risk Reefer Breakdown Warranty \$5,000 Deductible	\$400,000 Included
ADDITIONAL INSURED			DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS ALL LIMITS IN CANADIAN FUNDS			
CERTIFICATE HOLDER Bulk Carriers (PE) Ltd. PO Box 153 Cornwall, PE C0A 1H0			CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>15</u> 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.			
SIGNATURE OF AUTHORIZED REPRESENTATIVE Safety Insurance Services (Atlantic) Ltd.			PRINT NAME INCLUDING POSITION HELD Carolyn Reid; CSR CSR-Commercial Auto			
FAX NUMBER 506-375-4232	EMAIL ADDRESS THE SAFETY GROUP		COMPANY creid.safe-01@insuremail.net		DATE 09/10/30	
CSIO CERT (6/0)						