



CERTIFICATE OF LIABILITY INSURANCE

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.

| 1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS | 2. INSURED'S FULL NAME AND MAILING ADDRESS |
|--|---|
| To Whom It May Concerns | 1st Place Services Ltd. DBA Moving In 3020 2nd Ave East, Vancouver / BC V5M 1E8 |

| 3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured) |
|---|
| Motor Truck Cargo - Household Removers |

| 4. COVERAGES |
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| 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. |

| TYPE OF INSURANCE | INSURANCE COMPANY AND POLICY NUMBER | EFFECTIVE DATE YYYY/MM/DD | EXPIRY DATE YYYY/MM/DD | LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise) | | |
|---|--|------------------------------|---------------------------|---|-------|---------------------|
| | | | | COVERAGE | DED. | AMOUNT OF INSURANCE |
| COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles | April Canada T12780 | 2025/ 5 / 20 | 2026/ 5 / 20 | Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence | | 5,000,000 |
| | | | | Products and Completed Operations Aggregate | | 5,000,000 |
| | | | | <input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability | | 5,000,000 |
| | | | | Medical Payments | | 25,000 |
| | | | | Tenants Legal Liability | 1,000 | 5,000,000 |
| | | | | Pollution Liability Extension | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide Insurance | | | | Bodily Injury and Property Damage Combined | | |
| | | | | Bodily Injury (Per Person) | | |
| | | | | Bodily Injury (Per Accident) | | |
| | | | | Property Damage | | |
| | | | | | | |
| EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> | | | | Each Occurrence | | |
| | | | | Aggregate | | |
| | | | | | | |
| OTHER LIABILITY (SPECIFY) <input type="checkbox"/> Motor Truck Cargo <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | Truck Limit | 1,000 | 25,000 |
| | | | | Loss Limit | 1,000 | 25,000 |
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| 5. CANCELLATION |
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| Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. |

| 6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS | 7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured) |
|--|---|
| Harris Insurance Services (RMD) Ltd. #3-8751 No. 1 Road Richmond, BC V7C 1V2 BROKER CLIENT ID: MOV302 | |

| 8. CERTIFICATE AUTHORIZATION | | | | | | | | | |
|---|--|--|--|--|----------------------------------|--------------------------|-----------------|--------------------------|--|
| Issuer Harris Insurance Services (RMD) Ltd. | | | | | Contact Number(s) | | | | |
| Authorized Representative Dominic Kim | | | | | Type | No | Type | No | |
| | | | | | Type Phone | No (604) 271-1171 | Type Fax | No (604) 271-0046 | |
| Signature of Authorized Representative x <i>Dominic Kim</i> 2025 5 5 | | | | | Date 2025 5 21 EMail Address | | | | |