



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

Canadian International Freight Forwarder Association
480 - 170 Attwell Drive

Toronto
Ontario M9W 5Z5

2. INSURED'S FULL NAME AND MAILING ADDRESS

Alliance Solutions Logistiques Inc.
1136 Chemin Royal

St-Pierre-île-d'Orléans, Quebec G0A 4E0

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

International Freight Forwarder / Load Broker

4. 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 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.
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	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input type="checkbox"/> Occurrence <input 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				Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence Products and Completed Operations Aggregate <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability Medical Payments Tenants Legal Liability Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobile <input type="checkbox"/> Hired Automobiles		
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 checked="" type="checkbox"/> Cargo Liability <input checked="" type="checkbox"/> Errors and Omissions <input type="checkbox"/> <input type="checkbox"/>	100% Lloyd's Underwriters 97/1968	2021 / 7 / 16	2022 / 7 / 15	any one claim any one claim	2,500 2,500	500,000 500,000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 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

AMBRI Assurances Inc.
6500 Route Transcanadienne Suite 204
St-Laurent (Québec) H4T 1X4

BROKER CLIENT ID: 41008

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial general Liability - but only with respect to the operations of the Named Insured)

8. CERTIFICATE AUTHORIZATION

Issuer	AMBRI Assurances Inc.	Contact Number(s)	
Authorized Representative	SALVATORE RUSSO	Type	No
Signature of Authorized Representative	<i>[Signature]</i>	Type	No
	X Director	Date	2021 10 19
		Email Address	