



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 Concern		Dynamic Procurement Solutions Inc	
		304-14032 23 Ave NW,	
Edmonton	AB	POSTAL CODE	Edmonton Alberta POSTAL CODE T6R 3L6

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
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 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 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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> Forest Fire Fighting <input type="checkbox"/>	Aviva Insurance Company of Canada as U/W by Strategic Underwriting Managers Inc. - SUM-PK-35452-001	2023/04/18	2024/04/18	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000			
						- EACH OCCURRENCE		\$2,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
						<input checked="" type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
						MEDICAL PAYMENTS		\$25,000
						TENANTS LEGAL LIABILITY	\$1,000	\$100,000
						POLLUTION LIABILITY EXTENSION		
						Endorsement	\$5,000	\$500,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				NON-OWNED AUTOMOBILES				
				HIRED AUTOMOBILES				
				BODILY INJURY AND PROPERTY DAMAGE COMBINED				
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
PROPERTY DAMAGE								
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> Commercial Excess Liability	Aviva Insurance Company of Canada as U/W by Strategic Underwriting Managers Inc. - SUM-EXC-35478-001	2023/04/18	2024/04/18	EACH OCCURRENCE				
				AGGREGATE				
				Per Occurrence/Aggregate		\$3,000,000		
OTHER LIABILITY (SPECIFY)								
<input type="checkbox"/>								
<input type="checkbox"/>								

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail XX 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)	
Rogers McLean Shaw Insurance Brokers Ltd. 1707 - 91 Street SW			
Edmonton	AB	POSTAL CODE	T6X 0W8
BROKER CLIENT ID:		POSTAL CODE	

8. CERTIFICATE AUTHORIZATION		CONTACT NUMBER(S)	
ISSUER Rogers McLean Shaw Insurance Brokers Ltd.	AUTHORIZED REPRESENTATIVE Brooke Connelly, CAIB	TYPE Main NO. (780) 452-5561	TYPE Fax NO. (780) 452-4489
		TYPE NO.	TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>B Connelly</i>		DATE April 18, 2023	EMAIL ADDRESS bconnelly@mclean-shaw.com



CERTIFICATE OF LIABILITY INSURANCE

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1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

To Whom It May Concern		Dynamic Procurement Solutions Inc. #304 14032 23 Avenue	
	POSTAL CODE	Edmonton	Alberta
			POSTAL CODE T6R 3L6

2. INSURED'S FULL NAME AND MAILING ADDRESS

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

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 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"/>				COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY		
				POLLUTION LIABILITY EXTENSION		
<input type="checkbox"/> NON-OWNED AUTOMOBILES				NON-OWNED AUTOMOBILES		
<input type="checkbox"/> HIRED AUTOMOBILES				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 Legal Liability <input type="checkbox"/>	Continental Casualty Company - MLI2343919	2022/09/01	2023/09/01	Errors & Omissions	\$2,500	\$500,000

5. 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 or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS

Access Insurance Group Ltd. Edmonton 4435 99 Street NW			
Edmonton	AB	POSTAL CODE	T6E 5B6

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)

BROKER CLIENT ID:			POSTAL CODE
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8. CERTIFICATE AUTHORIZATION

ISSUER Access Insurance Group Ltd. Edmonton	CONTACT NUMBER(S) TYPE Main NO. (780) 430-3971 TYPE Fax NO. (780) 435-4847
AUTHORIZED REPRESENTATIVE Inga Toews	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE April 19, 2023 EMAIL ADDRESS ingat@accessinsurancegroup.com