

# COMMERCIAL INSURANCE SUMMARY

DATE (mm/dd/yy)  
August 25, 2016

**BROKER**  
DRAYDEN INSURANCE LTD. SPRUCE GROVE  
228 MCLEOD AVE SPRUCE GROVE AB T7X 3X2  
BROKER'S CLIENT ID: ELIZCAT-01

This summary of insurance is issued as a matter of information only. This summary of insurance does not amend, extend or alter the coverage afforded by the policies below.

### COMPANIES AFFORDING COVERAGE

Company  
A Intact Insurance Company

**INSURED'S FULL NAME AND MAILING ADDRESS**  
Elizabethan Catering Services Ltd.  
Box 4293 55 Alberta Avenue  
Spruce Grove AB T7X 3B5

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 document 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 (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)
<b>COMMERCIAL GENERAL LIABILITY</b>					
Claims Made OR <input checked="" type="checkbox"/> Occurrence	A	5V0107208	03/28/16	03/28/17	Each occurrence \$ 3,000,000 General Aggregate \$ 5,000,000
Products and/or Completed Operations	A	5V0107208	03/28/16	03/28/17	Products – Comp/Op Agg \$ 3,000,000
Employer's Liability					Personal Injury \$ 3,000,000
Cross Liability	A	5V0107208	03/28/16	03/28/17	Tenant's Legal Liability \$ 500,000
Tenant's Legal Liability	A	5V0107208	03/28/16	03/28/17	Med Exp (Any one person) \$10,000
Non-Owned Auto	A	5V0107208	03/28/16	03/28/17	Non-Owned Auto \$3,000,000
___ Hired					Optional Pollution Liability Extension \$
Pollution Liability Extension					(Per Occurrence) \$ (Aggregate) \$
<b>AUTOMOBILE LIABILITY</b>					
Describe Automobiles	A	7V5200734	07/18/16	07/18/17	Bodily Injury Property Damage Combined \$ 2,000,000
All Owned Autos					Bodily Injury (per person) \$
Leased Automobiles					Bodily Injury (per accident) \$
					Property Damage \$
** All Automobiles leased in excess of 30 days where the insured is required to provide insurance					
<b>EXCESS LIABILITY</b>					
Umbrella Form					Each occurrence \$
Other than Umbrella Form (Specify) _____					Aggregate \$ \$
<b>OTHER LIABILITY (SPECIFY)</b>					
					Each occurrence \$
					Aggregate \$ \$

#### DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

CATERING SERVICE

#### SIGNATURE OF AUTHORIZED REPRESENTATIVE

*Rachel Redding*

#### PRINT NAME INCLUDING POSITION HELD

Rachel Redding, FCIP, CRM

**FAX NUMBER**  
(780) 962-0227

**EMAIL ADDRESS**  
redding@drayden.com

**COMPANY**  
Drayden Insurance Ltd.

**DATE**  
August 25, 2016