

CONFIRMATION OF INSURANCE

Additional Insured

This is to confirm to: Halton Region**Mailing Address:** 1151 Bronte Road
Oakville
Ontario
L6M 3L1**That a policy of insurance as herein described has been issued to the Insured named below and is in full force.****Additional Insured** Halton Region**Occupancy/Operations to which this Confirmation applies:** Thrive Counselling Services Halton Inc.**Legal Location of Insured Risk:** 777 Guelph Line, Suite 207
Burlington
Ontario
L7R 3N2**Name of Insured:** Thrive Counselling and Support Services**Mailing Address:** 777 Guelph Line, Suite 207
Burlington
Ontario
L7R 3N2

Coverage:	Commercial General Liability	Policy Number: 1076414488	Effective Date: 01/06/2020	Expiry Date: 01/06/2021
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The Commercial General Liability section provides coverage for the following:

- Bodily Injury and Property Damage including:
- Products Completed Operations
 - Broad Form Property Damage
 - Contractual Liability
 - Cross Liability

Limits of Insurance:

Each Occurrence Limit - Bodily Injury and Property Damage	\$5,000,000
Aggregate Limit - Products/Completed Operations	\$5,000,000
Personal Injury Limit	\$5,000,000
Medical Expenses Limit	\$10,000
Tenants Legal Liability Limit - Broad Form	\$250,000

Optional Extensions:

D-23 Directors & Officers Liability Entity Form	\$5,000,000
SEF-94 Legal Liability For Damage to Hired Vehicles	\$75,000
SEF-96 Contractual Liability Endorsement	INCL
S72001 Errors And Omissions Liability	\$5,000,000

Notes: Please Note: The Directors And Officers Liability Listed Above Will Be Covered on Policy 6429337 Beginning June 1/2017

Coverage:	Non-Owned Automobile	Policy Number: 1076414488	Effective Date: 01/06/2020	Expiry Date: 01/06/2021
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Limit of Insurance	\$2,000,000
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The Insurance afforded is subject to the terms, conditions and exclusions of the applicable policy. This Confirmation is issued as a matter of information only and confers no rights of the holder and imposes no liability on the Insurer.

The Insurer will endeavor to provide to mail to the holder of this Confirmation 30 days written notice of any material change in or cancellation of this policy, but assumes no responsibility for failure to do so.

CO-OPERATORS GENERAL INSURANCE COMPANY

Matt K Hindi
Authorized Representative

04/06/2020
Date Issued

Authorized Representative Signature
(if required)

CGG088 (06/14)