



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

City of Delta
4500 Clarence Taylor Crescent

Delta BC POSTAL CODE V4K 3E2

2. INSURED'S FULL NAME AND MAILING ADDRESS

Scully Siding Ltd.
1321 17th St E

North Vancouver BC POSTAL CODE V7J 1L9

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

All Operations of the Named Insured with Respect to Siding Repair and Installation

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 ☐ CLAIMS MADE OR ☒ OCCURRENCE ☒ PRODUCTS AND / OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☐ CROSS LIABILITY ☐ WAIVER OF SUBROGATION ☒ TENANTS LEGAL LIABILITY ☐ POLLUTION LIABILITY EXTENSION ☐ ☐	Northbridge General Insurance Corporation P04228488	2025/08/19	2026/08/19	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$ 1,000	\$ 5,000,000
				- EACH OCCURRENCE	\$ 1,000	\$ 2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$ 2,000,000
				PERSONAL INJURY LIABILITY OR ☒ PERSONAL AND ADVERTISING INJURY LIABILITY		\$ 2,000,000
				MEDICAL PAYMENTS		
				TENANTS LEGAL LIABILITY	\$ 1,000	\$ 500,000
				POLLUTION LIABILITY EXTENSION		
☒ NON-OWNED AUTOMOBILES	Northbridge General Insurance Corporation - P04228488	2025/08/19	2026/08/19	NON-OWNED AUTOMOBILES	\$ 0	\$ 2,000,000
☒ HIRED AUTOMOBILES	Northbridge General Insurance Corporation - P04228488	2025/08/19	2026/08/19	HIRED AUTOMOBILES	\$ 1,000	\$ 75,000
AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ 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 ☐ UMBRELLA FORM ☐				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) ☐						
☐						
☐						
☐						

5. CANCELLATION

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

Westland Insurance Group Ltd
1500-9850 King George Blvd
Surrey BC POSTAL CODE V3T 0P9

BROKER CLIENT ID: 63379125

CERTIFICATE NUMBER: 1401130

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

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

City of Delta
4500 Clarence Taylor Crescent

Delta BC POSTAL CODE V4K 3E2

8. CERTIFICATE AUTHORIZATION

ISSUER Westland Insurance Group Ltd

DAMAGE INSURANCE BROKER Westland Insurance Group Ltd

AUTHORIZED REPRESENTATIVE Victoria Tran

SIGNATURE OF AUTHORIZED REPRESENTATIVE

CONTACT NUMBER(S)

TYPE Cell NO.

TYPE Phone NO.

DATE 2025/08/22

TYPE Fax NO.

TYPE NO.

EMAIL ADDRESS vtran@westlandinsurance.ca