

CERTIFICATE OF 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.

INSURED'S FULL NAME AND MAILING ADDRESS Freight Brokers International Corp. 111 Granton Drive Suite 412 Richmond Hill Ontario L4B 1L5	BROKER'S FULL NAME AND MAILING ADDRESS J D Smith & Associates Insurance Brokers Inc, 2-105 West Beaver Creek Rd Richmond Hill, ON L4B 1C6 BROKER'S CLIENT ID: 018530
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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 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)	
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Aviva Insurance Company CMP S1316996	2009/05/15	2010/05/15	EACH OCCURRENCE GENERAL AGGREGATE PRODUCTS-COMP/OP AGG PERSONAL INJURY TENANTS LEGAL LIABILITY MED EXP (Any one person) NON-OWNED AUTO OPTIONAL POLLUTION LIABILITY EXTENSION (Per Occurrence) (Aggregate)	\$5000000 \$5000000 \$5000000 \$5000000 \$6500000 \$ 10000 \$2000000 \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** ALL 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"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE	\$ \$
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Marine Cargo Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ACE INA Insurance CD0690	2010/01/01	2011/01/01	\$250,000 \$250,000 \$250,000	Legal Liability Errors & Omissions Contingent Liability

ADDITIONAL INSURED NAME AND MAILING ADDRESS	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	CANCELLATION
	Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 0 days written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME INCLUDING POSITION HELD <p style="text-align: center;">Kathy Turner</p>
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FAX NUMBER 905-764-9618	EMAIL ADDRESS kathy@idsfinancial.ca	COMPANY J.D. Smith & Associates Insurance Brokers Inc.	DATE January 18, 2010
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