



Certificate of Insurance

THIS IS TO CERTIFY THAT _____
Agency Code # _____ (hereinafter referred to as "The Insured") has in force with the
Insurer(s) whose name(s) appear(s) below, insurance as follows:

NOTE: THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED BY YOUR INSURANCE
BROKER/COMPANY. A COPY OF YOUR INSURANCE POLICY IS NOT ACCEPTABLE.

1. AUTOMOBILE FLEET INSURANCE

Name of Insurer: _____ Policy #: _____ Expiry Date: _____ / _____ / _____
dd / mm / yy

Limits of liability are not less than \$ _____ inclusive as respects Bodily injury and Property Damage and
apply with respect to all automobiles registered in the name of the insured or which are leased by the Insured under terms
by which the Insured is required to provide such insurance.

NOTE: ATLAS REQUIRES NOT LESS THAN \$1,000,000 AUTOMOBILE FLEET INSURANCE COVERAGE.

2. COMPREHENSIVE GENERAL LIABILITY INSURANCE

Name of Insurer: _____ Policy #: _____ Expiry Date: _____ / _____ / _____
dd / mm / yy

Limits of Liability are not less than \$ _____ inclusive as respects Bodily Injury and Property Damage.

Form of coverage is not less broad than the standard Comprehensive General Liability Policy as set forth in the Insurers
Advisory Organization Manual of Bodily Injury and Property Damage Liability Insurance, Blanket Contractual, Personal
Injury, Cross Liability and Severability of Interests Clause and Non-Owned Automobile Liability Insurance.

The Policy covers Atlas Van Lines (Canada) Ltd., as an Additional Named Insured, as respects all premises and operations
of the Insured, and in addition carries the following endorsement:

"Premises into which, from, or within which the insured is moving property shall not be considered as in the care, custody
or control of the Insured".

NOTE: ATLAS REQUIRES NOT LESS THAN \$1,000,000 COMPREHENSIVE GENERAL LIABILITY INSURANCE.

3. CARRIERS' LIABILITY INSURANCE

Name of Insurer: _____ Policy #: _____ Expiry Date: _____ / _____ / _____
dd / mm / yy

Limit of Liability is not less than \$ _____ per vehicle and catastrophe limit not less than \$ _____.

Coverage is on an all risks basis covering the liability of the Insured as a private or common carrier and applies to
property of any description that the Insured has in its care, custody or control for the purpose of transportation.
Coverage applies from commencement of preparation for shipment and at all times thereafter while in due course of
transit within Canada including storage incidental to such transit for not exceeding 90 days, and until the property is
delivered to its intended destination.

The Policy covers Atlas Van Lines (Canada) Ltd. as an Additional Named Insured but only as respects shipments not
registered with Atlas Van Lines (Canada) Ltd.

NOTE: ATLAS REQUIRES NOT LESS THAN \$200,000 CARRIERS' LIABILITY INSURANCE /UNIT

NOTE: ATLAS REQUIRES NOT LESS THAN \$500,000 CATASTROPHE LIMIT /UNIT

4. WAREHOUSEMAN'S LIABILITY INSURANCE

Name of Insurer: _____
Policy #: _____

Expiry Date: ____ / ____ / ____
dd / mm / yy

The premises described in the policy is/are:

LOCATION:

Address _____ City _____

LIMIT OF LIABILITY

Address _____ City _____

\$ _____
\$ _____

Coverage is on an All Risks basis covering the liability of the Insured as a warehouseman and applies to property of any description which the Insured has in its care, custody or control for purposes of storage in the premises of the insured including while in transit thereto or therefrom, within a radius of 150 miles thereof. The Policy covers Atlas Van Lines (Canada) Ltd., as an Additional Named Insured.

NOTE: ATLAS RECOMMENDS \$12.00/ SQ. FT. OF TOTAL WAREHOUSE SPACE FOR RELEASED VALUATION SHIPMENTS PLUS 100% OF VALUE DECLARED FOR SHIPMENTS WITH REPLACEMENT VALUE PROTECTION

5. UMBRELLA LIABILITY INSURANCE

Name of Insurer: _____
Policy #: _____

Expiry Date: ____ / ____ / ____
dd / mm / yy

Limit Of Liability: \$ _____

NOTE: ATLAS VAN LINES (CANADA) LTD. REQUIRES A MINIMUM LIMIT OF \$9,000,000 UNDER AUTOMOBILE AND COMPREHENSIVE LIABILITY INSURANCE OR IN COMBINATION WITH AN UMBRELLA LIABILITY POLICY

6. SIGNATURE CLAUSE

This Certificate may be signed only by the Insurer(s) or by an Agent or Broker authorized to issue such policies on the Insurer(s) behalf.

No act or neglect on the part of the Insurer, which results in cancellation, lapse of or reduction in coverage or amounts of insurance below the level set forth above, under the foregoing policies shall be effective and binding unless at least 60 days prior written notice thereof is given to Atlas Van Lines (Canada) Ltd., P.O. Box 970, Oakville, Ontario L6J 5M7

SIGNED:

Only as respects Automobile Fleet Ins. _____	dd/	mm/	yy
Only as respects Comp. Liab. Insurance _____	dd/	mm/	yy
Only as respects Carriers' Liab. Ins. _____	dd/	mm/	yy
Only as respects Warehouseman's Liab. Ins. _____	dd/	mm/	yy
Only as respects Umbrella Liab. Ins. _____	dd/	mm/	yy

**PLEASE EITHER TYPE OR RUBBER-STAMP NAME OF INSURER
OR ITS AUTHORIZED REPRESENTATIVE, WHEN SIGNING**