



|  |  |   |  |   |  |              |
|--|--|---|--|---|--|--------------|
| <b>CSIO</b>  |  | <b>CERTIFICATE OF INSURANCE</b>   |  |   | Date : March 1, 2016                     |              |
| <b>BROKER</b><br><br>1100 Robert Bourassa, 6th Floor, Montreal (Qc), H3B 3A5  |  | This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below. |  |   |  |              |
| <b>INSURED</b><br><b>Gillespie-Munro Inc. and/or Gillship Navigation and/or Gillespie-Munro USA</b><br>740 Notre-Dame Street West, Suite 1120<br>Montreal, Quebec, H3C 3X6<br>Canada   |  | <b>COMPANIES AFFORDING COVERAGE</b>   |  |   |  |              |
|  |  | COMPANY A   |  |   |  |              |
|  |  | COMPANY B   |  |   |  |              |
|  |  | COMPANY C   |  |   |  |              |
|  |  | COMPANY D   |  | <b>TTC through Continental Casualty Company</b> |  |              |
| <b>COVERAGES</b>   |  |   |  |   |  |              |
| 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 the terms, exclusions and conditions of such policies. <b>LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</b> |  |   |  |   |  |              |
|  | TYPE OF INSURANCE  | POLICY NUMBER   | POLICY EFFECTIVE DATE (YY/MM/DD)   | POLICY EXPIRATION DATE (YY/MM/DD)               | LIMITS                                   |              |
| <b>A</b>   | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> OCCURRENCE<br><input type="checkbox"/> TENANT'S LEGAL LIABILITY<br><input type="checkbox"/> NON-OWNED AUTO<br><input type="checkbox"/> HIRED |   |  |   | EACH OCCURRENCE                          | \$           |
|  |  |   |  |   | GENERAL AGGREGATE                        | \$           |
|  |  |   |  |   | PRODUCTS - COMP/OP AGG                   | \$           |
|  |  |   |  |   | PERSONAL INJURY                          | \$           |
|  |  |   |  |   | TENANT'S LEGAL LIABILITY                 | \$           |
|  |  |   |  |   | MED EXP (Any one person)                 | \$           |
|  |  |   |  |   | NON-OWNED AUTO                           |              |
|  |  |   |  |   |  |              |
| <b>B</b>   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> DESCRIBED AUTOMOBILES<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> LEASED AUTOMOBILES<br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                       |   |  |   | BODILY INJURY & PROPERTY DAMAGE COMBINED | \$           |
|  |  |   |  |   | BODILY INJURY (Per Person)               | \$           |
|  |  |   |  |   | BODILY INJURY (Per accident)             | \$           |
|  |  |   |  |   | PROPERTY DAMAGE                          | \$           |
|  |  |   |  |   |  |              |
|  |  |   |  |   |  |              |
|  |  |   |  |   |  |              |
|  |  |   |  |   |  |              |
| <b>C</b>   | <b>EXCESS LIABILITY</b><br><input type="checkbox"/> UMBRELLA FORM<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   |   |  |   | EACH OCCURRENCE                          | \$           |
|  |  |   |  |   | AGGREGATE                                | \$           |
|  |  |   |  |   |  | \$           |
|  |  |   |  |   |  | \$           |
| <b>D</b>   | <input checked="" type="checkbox"/> CARGO LIABILITIES<br><input checked="" type="checkbox"/> ERRORS AND OMISSIONS  | 23382/2016/001  | 16/03/01   | 17/02/28  | EACH OCCURRENCE                          | \$ 2 500 000 |
|  |  |   |  |   | EACH OCCURRENCE                          | \$ 500 000   |
| ADDITIONAL INSURED / CG 2015 BROAD FORM VENDORS  |  |   | DESCRIPTION OF OPERATIONS / LOCATIONS / AUTOMOBILES / SPECIAL ITEMS<br><br><b>FREIGHT FORWARDERS</b>   |   |  |              |
| <b>CERTIFICATE HOLDER</b><br><br>To Whom it May Concern  |  |   | <b>CANCELLATION</b><br><br><div style="text-align: center;"> <br/> <b>AUTHORISED REPRESENTATIVE</b> </div> |   |  |              |
| CSIO CERT (6/94)   |  |   |  |   |  |              |