

Sample of Satisfactory Certificate

A & E Insurance Services Ltd.

592 Prospect Bay Rd. Prospect Bay, Nova Scotia B3T 1Z9 ph (902) 850-3099 fax (902) 850-2089

CERTIFICATE OF INSURANCE

To: PEGNL

10 Fort William Place, Suite 203 Baine Johnston Centre
P.O. Box 21207, St. Johns Nfld A1A 5B2

This is to certify that insurance described hereunder has been arranged for the Insured named herein on whose behalf this Certificate is executed and we hereby certify that such Insurances are in full force and effect. This Certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer.

Insured: [REDACTED]

Type of Insurance	Policy Number	Date	Certificate Effective and Expiry	Limits of Liability
Professional Liability	[REDACTED]	March 1/10	March 1 /11	2,000,000 per claim 2,000,000 aggregate

Insurer – XL Design Professional Insurance Company
Claims Made Form

• **POLICY CONTAINS A 30 (thirty) DAY CANCELLATION ENDORSEMENT FOR PEGNL**

As more fully described in the wordings and/or endorsements attached to the above policies.

DATED:

May 7, 2010

Per: [REDACTED]
A & E Insurance Services Ltd.

Sample of Satisfactory Certificate


CLAUDE BARRY R.C. PROFESSIONNELLE INC.

10, rue Léonard, Saint-Sauveur | Québec J0R 1R0
450 | 227-8418 ▪ 800 | 665-3742 ▪ Fax: 450 | 227-7125 ▪ Courriel: info@cbrcp.com

CERTIFICATE OF INSURANCE

This is to certify to ▪ **PEG NEWFOUNDLAND AND LABRADOR**
10, Fort William Place, Suite 203
Baine Johnston Centre, P.O. Box 21207
St-John's, NL A1A 5B2

Insured ▪

 This **Certificate of Insurance** applies to the Professional Engineering Services provided by the **Insured** in accordance with the policy's terms and conditions including but not limited to services rendered to

Project ▪ Between **PEG Newfoundland & Labrador** and the **Insured**

Insurance ▪ **Professional Liability Insurance for Engineers**

Insurer ▪ XL Insurance Company Limited

Policy N° ▪ [REDACTED]

Coverage Period ▪ May 1st, 2010 to May 1st, 2011

Amounts of Insurance * Per Claim ▪ \$4 000,000
Aggregate ▪ \$4 000,000

* *The aggregate limit is the total insurance available for all covered claims presently within the policy period and is not limited to claims by or in connection with the above noted Certificate Holder.*

It is hereby understood and agreed that this policy shall not be cancelled without 30 days prior notice to PEG Newfoundland & Labrador by registered mail.

This **Certificate of Insurance** is subject to all the limitations, exclusions and conditions of the above policy as they now exist, or may hereafter be endorsement.

[REDACTED]
Date

[REDACTED]
Authorized Representative

Sample of Satisfactory Certificate

CSIO CERTIFICATE OF INSURANCE					DATE (YY/MM/DD)		
BROKER [REDACTED]					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.		
COMPANIES AFFORDING COVERAGE							
COMPANY A XL Insurance Company							
COMPANY B							
COMPANY C							
COMPANY D							
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 the terms, exclusions and conditions of such policies.							
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYERS'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> TENANT'S LEGAL LIABILITY <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> POLLUTION LIABILITY EXTENSION					EACH OCCURRENCE \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL INJURY \$ TENANT'S LEGAL LIABILITY \$ MED EXP (Any one person) \$ NON-OWNED AUTO \$ OPTIONAL POLLUTION LIABILITY EXTENSION \$ (Per Occurrence) \$ (Aggregate) \$		
	AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES					BODILY INJURY PROPERTY DAMAGE COMBINED \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$	
		** ALL AUTOMOBILES LEASED BY EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE					
		EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (Specify)					EACH OCCURRENCE \$ AGGREGATE \$
			OTHER LIABILITY (SPECIFY) PEGNL	A	[REDACTED]	09/08/25	10/08/25
	ADDITIONAL INSURED			DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS a 30 day cancellation clause has been added to the policy for PEGNL			
	CERTIFICATE HOLDER PEGNL Reg Ltd			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 to 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 [REDACTED]			PRINT NAME INCLUDING POSITION HELD [REDACTED]			
	FAX NUMBER [REDACTED]		EMAIL ADDRESS [REDACTED]		COMPANY [REDACTED]		
	DATE 10/06/18						

PROSPECTORS & DEVELOPERS ASSOCIATION OF CANADA

Sample of Satisfactory Certificate

Partners Indemnity Insurance Brokers Ltd.
10 Adelaide Street East, Suite 400
Toronto, Ontario M5C 1J3
Telephone 416-366-5243 or
Toll Free 1-877-427-8683

eCHELON

Insured by: GENERAL INSURANCE COMPANY



Partners Indemnity
Insurance Brokers Ltd.
10 Adelaide Street East, Suite 400
Toronto, Ontario M5C 1J3

Certificate of Professional Liability Insurance (Errors and Omissions – E&O) for Geoscientists

Certificate Number: [REDACTED]

This certificate is subject to the terms, conditions and other stipulations contained in the association policy number [REDACTED] - issued on behalf of Prospectors & Developers Association of Canada. This policy also includes the following certificate holder: PEGNL, P.O. Box 21207, St. John's, NL, A1A 5B2. Cancellation notice will be sent to PEGNL should the policy be cancelled.

- 1. Named INSURED: [REDACTED]
- 2. Address: [REDACTED]
- 3. Policy Period: From July 24, 2009 to July 24, 2010 at 00:01 a.m. Local Time at the Named INSURED'S address shown above, without tacit renewal.
- 4. Limit of Liability: \$1,000,000 CAN per LOSS and \$1,000,000 CAN per policy period
- 5. Deductible: \$1,000 CAN per LOSS
- 6. Retroactive Date: Means the inception date of the named insured's first claims made Errors & Omissions Professional Liability Policy, provided such coverage has been maintained in force without any interruption in coverage and/or any material change in risk.
- 7. Premium: \$5,500.
- 8. Broker: Partners Indemnity Insurance Brokers Ltd.

IN WITNESS WHEREOF, the INSURERS have duly authorized Partners Indemnity Insurance to execute and sign this Certificate of Insurance.

[REDACTED Signature]
Authorized Representative _____



Dated: May 26, 2010



ENCON Group Inc.
500 - 1400 Blair Place
Ottawa, Ontario K1J 9B8
Telephone 613-786-2000
Facsimile 613-786-2001
Toll Free 800-267-6684
www.encon.ca

Certificate of Insurance

Issued To: ~~REG. NEWFOUNDLAND AND LABRADOR~~
203-10 FORT WILLIAM PLACE
BLAINE JOHNSTON CENTER
PO BOX 21207
ST. JOHN'S NF A1A 5B2

~~PROFESSIONAL LIABILITY INSURANCE PROGRAM~~
POLICY ~~XXXXXXXXXX~~

- 1. Named Insured: ~~XXXXXXXXXX~~
- 2. Insured's Address: ~~XXXXXXXXXX~~
- 3. Policy Period: 01 July 2007 to 01 July 2010
at 00:01 local time at the Insured's
address shown above
- 4. Limits of Liability: \$ 250,000 per Claim
\$ 500,000 per policy period
- 5. Deductible: \$ 1,000 per Claim

* All amounts in Canadian Dollars

- 6. Insurers:

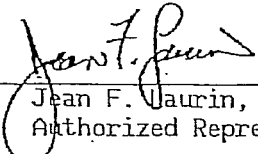
Continental Casualty Company (CNA)	37.0%
XL Reinsurance America Inc.	25.0%
Temple Insurance Company	23.0%
Aviva Insurance Company of Canada	7.5%
Certain Underwriters at Lloyd's	7.5%
Under Agreement No. ENC107-09	

7. This certificate provides the above named Insured with coverage under the
aforementioned Policy on file with the Insurers subject to the terms and
conditions thereof and the above limits of liability and deductible.

The policy contains a thirty (30) day Notice of Cancellation to the
certificate holder listed above.

IN WITNESS WHEREOF the Insurers through their representative, ENCON Group Inc.,
have executed and signed this Certificate of Insurance.

DATED: 11 November 2009


Jean F. Laurin, President
Authorized Representative



Name of Insurer: Lloyd's through CFC Underwriting Limited, London UK

This is to certify to:

PEG Newfoundland and Labrador
 PO Box 21207
 St. John's, NL A1A 5B2

Sample of Satisfactory Certificate

that policies of insurance as herein described have been issued to the Insured named below and are in force at this date.

Name of Insured:



Address of Insured:



Location and Operations to which this Certificate applies **Electrical Engineering**

KIND OF POLICY	POLICY NUMBER	EXPIRY DATE			LIMITS OF LIABILITY
		D	M	Y	
Commercial General Liability <input type="checkbox"/>					Each Occurrence Limit \$
Products Included <input type="checkbox"/>					General Aggregate Limit \$
and/or Completed Operations Excluded <input type="checkbox"/>					Products/Completed Operations Aggregate Limit \$
Cross Liability Yes <input type="checkbox"/>					
No <input type="checkbox"/>					
Automobile Liability All owned vehicles <input type="checkbox"/>					\$ Inclusive limit for Bodily Injury and Property Damage combined Describe Specific Vehicles:
Specified vehicles only <input type="checkbox"/>					
Standard Non-Owned <input type="checkbox"/>					
Hired Vehicles <input type="checkbox"/>					
Leased Vehicles <input type="checkbox"/>					
Other (describe) Professional Liability <input checked="" type="checkbox"/>		6	1	2011	Limit of Liability - \$ 1,000,000 Subject to: Insuring Clause I: Errors & Omissions as per policy Subject to: \$25,000 Deductible

Note:

The insurance afforded is subject to the terms, conditions and exclusions of the applicable policy. This Certificate is issued as a matter of information only and confers no rights on the holder and imposes no liability on the Insurer. The Insurer will endeavour to mail to the holder of this Certificate 15 days written notice of any material change in or cancellation of these policies, but assumes no responsibility for failure to do so.

Date: May 13, 2010



Sample of Satisfactory Certificate

Certificate of Insurance

MARSH

MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

No. 2010-71-OC1

Dated: June 30, 2010

This document supersedes any certificate previously issued under this number

This is to certify that the Policy(ies) of insurance listed below ("Policy" or "Policies") have been issued to the Named Insured identified below for the policy period(s) indicated. This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder named below other than those provided by the Policy(ies).

Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the Policy(ies) is subject to all the terms, conditions and exclusions of such Policy(ies). This certificate does not amend, extend or alter the coverage afforded by the Policy(ies). Limits shown are intended to address contractual obligations of the Named Insured.

Limits may have been reduced since Policy effective date(s) as a result of a claim or claims.

Certificate Holder:

Professional Engineers and Geoscientists Newfoundland and Labrador
10 Fort William Place, Suite 203
Baine Johnston Centre
St. John's, NL A1A 5B2

Named Insured and Address:

[Redacted]

This certificate is issued regarding:
Evidence of Insurance

Type(s) of Insurance	Insurer(s)	Policy Number(s)	Effective/Expiry Dates	Sums Insured Or Limits of Liability
PROFESSIONAL LIABILITY	[Redacted]	[Redacted]	Jun 09, 2010 to Mar 31, 2011	Limit of Liability \$10,000,000 Each Claim

Notice of cancellation:

Should any of the policies described herein be cancelled before the expiration date thereof, the insurer(s) affording coverage will endeavour to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer(s) affording coverage, their agents or representatives, or the issuer of this certificate.

Marsh Canada Limited

70 University Avenue
Suite 800
Toronto, ON M5J 2M4
Telephone: [Redacted]
Fax: [Redacted]

Marsh Canada Limited

By: [Redacted]