



595 Bay Street, Suite 900, Box 81
Toronto, Ontario, Canada M5G 2E3
T 416.597.0008
F 416.597.2313

www.hubinternational.com
www.hkmb.com

CERTIFICATE OF INSURANCE

INSURER (Name and Address): **AXIS Reinsurance Co.,** 70 York Street, Suite 1010, Toronto, ON M5J 1S9
BROKER (Name and Address): **HUB International HKMB Limited** 595 Bay Street, Suite 900, Toronto, ON M5G 2E3
INSURED (Name and Address): **Bartek Inspections /**
(Name of Inspector): **Jacek Stomal**
(Address): **119 Westpark, Dollard-des-Ormeaux, QC H9A 2K1**

CERTIFICATE HOLDER: InterNACHI – International Association of Certified Home Inspectors

GUARANTEES

This document certifies that the insurance policies listed below were issued to the Insured named above for the coverage period indicated. This Certificate of Insurance does not amend or extend the warranty covered by the policy referred to below.

Insured	Type of Insurance	Policy Number	Effective Date (MM-DD-YYYY)	Expiry Date (MM-DD-YYYY)	Coverage Limit (In Canadian Dollars)	
					Per Claim	Per Policy Term
YES	Professional Liability (Errors and Omissions)	CTN783396012017 (REF #: INTER148)	11/1/2017	11/1/2018	Per Claim	\$1,000,000
					Per Policy Term	\$2,000,000
					Retroactive Date	6/22/2017
					Deductible	\$2,500
YES	Commercial General Liability	CTC783397012017 (REF #: INTER148)	11/1/2017	11/1/2018	Per Claim	\$1,000,000
					Per Policy Term	\$2,000,000
					Deductible	\$1,000

CANCELLATION OR NON-RENEWAL

In the event of a **cancellation or non-renewal** of the above mentioned contract before the specified due date, the insurer will send a **written notice to the Certificate Holder with 30 days notice**.

This notice must be accompanied by written proof demonstrating that such a written notice was also sent to the Insured.

Note that the holder of this certificate assumes no obligation or liability of any kind to the Insured and the insurer or broker and their agents or representatives.

Date : 27 octobre 2017
By the authorized representative of the insurer

Michael Gilles
Vice-President, Partner
Vice-Président, Partenaire

(Name and Title)



(Signature)