



## 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): **10141135 Canada Inc. / 6088139 Canada Ltd. / Bartek Inspections /**  
(Name of Inspector): **Karol Bartnicki / 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)	CTN783396012018 (REF #: INTER062)	11/1/2018	11/1/2019	Per Claim	\$1,000,000
					Per Policy Term	\$2,000,000
					Retroactive Date	5/7/2014- Karol Bartnicki and 6/22/2017 Jacek Stomal
					Deductible	\$2,500
YES	Commercial General Liability	CTC783397012018 (REF #: INTER062)	11/1/2018	11/1/2019	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 :** 7 novembre 2018

By the authorized representative of the insurer

**Michael Gilles**  
Vice-President, Partner  
Vice-Président, Partenaire  
\_\_\_\_\_  
(Name and Title)

  
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(Signature)