

122746

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
10/22/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, ALTER EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is AN ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on the certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

<b>PRODUCER</b> Highcourt Partners Limited 1200- 372 Bay Street Toronto ON M5H 2W9	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		
<b>INSURED</b>			

**COVERAGES**

**CERTIFICATE NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EFF (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR PER PROJECT AGGREGATE				EACH OCCURRENCE \$ TENANTS LEGAL LIABILITY \$ MEDICAL EXPENSE/ PERSON \$ / PER ACCIDENT \$ PERSONAL & ADV. INJURY \$ PROJECT AGGREGATE \$ PRODUCTS COMP/OPS AGG \$ NON-OWNED AUTOMOBILE \$
	FOLLOW FORM EXCESS <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS- MADE DED. RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
	2ND EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS- MADE DED. RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$
	3RD EXCESS EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS- MADE DED. RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BY THE INSURANCE COMPANY BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

**TEXAS DEPT. OF INSURANCE  
AUSTIN, TEXAS  
APPROVED  
OCT 24 2012**