

CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter after the coverage afforded by the policies below.

INSURED'S FULL NAME AND MAILING ADDRESS
BROKER'S FULL NAME AND ADDRESS

 ALGOMA NURSE PRACTITIONER - LED CLINIC
 443 NORTHERN AVENUE, SAULT STE MARIE, ON P6A 5L3

 Algoma Insurance Brokers Limited
 855 Queen Street East, Suite 200, Sault Ste Marie, ON P6A 2B3

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 terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	COVERAGE BASIS	LIMIT TYPE	LIMIT OF LIABILITY	DEDUCTIBLE	INSURANCE COMPANY AND POLICY NUMBER Subscribing Companies as	EFFECTIVE DATE	EXPIRY DATE
Property		See Attached Supplementary Property Schedule					
Extra Expense	Occurrence	Occurrence	250,000	2,500	FC40847	Mar 31, 2021	Mar 31, 2022

LOSS PAYEE NAME AND ADDRESS
DESCRIPTION OF OPERATIONS/ LOCATIONS/ AUTOMOBILES/ SPECIAL ITEMS

 TORONTO DOMINION BANK
 421 BAY STREET, SAULT STE MARIE,, ON P6A 1X3

 As their interest may appear
 Loss Payee with respect to the following:
 -General Security
 -Line of Credit of \$36,000

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS
CANCELLATION

 TORONTO DOMINION BANK
 421 Bay Street, Sault Ste Marie,, ON P6A 1X3

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.

SUBSCRIBING COMPANIES ON BEHALF OF FRANK COWAN COMPANY LIMITED, AS MANAGING GENERAL AGENT:
A.M. BEST
Intact Insurance Company

"A"

Temple Insurance Company

"A+"

Underwriting at Lloyd's of London

"A"

Liberty Mutal Insurance Company (Property Only)

"A"

Cancellation Notice: 30 days


Date

March 16, 2021

Authorized Representative
 Larry Ryan

SUPPLEMENTARY PROPERTY SCHEDULE

TYPE	DESCRIPTION	COVERAGE TYPE	VALUATION	DEDUCTIBLE	LIMIT OF INSURANCE	EQ DEDUCTIBLE	FLOOD DEDUCTIBLE
Loc 1	443 NORTHERN AVENUE						
Building	LEASEHOLD IMPROVEMENTS	All Risk	RC	2,500	633,600		\$25,000 Ded. (no credit)

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					Subscribing Companies as		
Liability		General Aggregate	Not Applicable	1,000			
Blanket Contractual	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Bodily Injury and Property Damage	Occurrence	Occurrence	10,000,000	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Cross Liability	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Employers Liability	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Malpractice Liability	Occurrence	Aggregate	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Malpractice Liability	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Medical Payments (Any One Person)	Occurrence	Occurrence	10,000	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Personal Injury	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Products and/or Completed Operations	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Tenants Legal Liability	Occurrence	Occurrence	Included	5,000	CP80727A	Mar 31, 2021	Mar 31, 2022
Non-Owned Automobile							
Hired Automobile (SEF 94)	Occurrence	Occurrence	50,000	500	CP80727C	Mar 31, 2021	Mar 31, 2022
Non-Owned Automobile	Occurrence	Occurrence	10,000,000	NIL	CP80727C	Mar 31, 2021	Mar 31, 2022

ADDITIONAL INSURED NAME AND ADDRESS
DESCRIPTION OF OPERATIONS/ LOCATIONS/ AUTOMOBILES/ SPECIAL ITEMS

SUDBURY DISTRICT NURSE PRACTITIONER CLINICS

 Included as an Additional Insured(s) as per agreement(s) with the Named Insured
 With respect to their agreement with the Named Insured.

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS
CANCELLATION

SUDBURY DISTRICT NURSE PRACTITIONER CLINICS

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Authorized Representative

Larry Ryan

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