

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, 2020 | Mar 31, 2021 |

| 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 | Cancellation Notice: 30 days |
|--|-----------|---|
| The Guarantee Company of North America | "A" | <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  Authorized Representative Larry Ryan </div> <div style="text-align: center;"> Date March 26, 2020 </div> </div> |
| Temple Insurance Company | "A+" | |
| Underwriting at Lloyd's of London | "A" | |

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 | 615,100 | | \$25,000 Ded. (no credit) |

| INSURED'S FULL NAME AND MAILING ADDRESS |
|--|
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