



CERTIFICATE OF LIABILITY INSURANCE

This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
DECA 100 Richmond Street West, Suite 341 Toronto, Ontario M5H3K6	EduTravel Inc. 101-42 Sousa Mendes Street Toronto, ON M6P 0B2

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Student Travel

**** All dollar figures are represented in Canadian currency****

4. 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 requirements, terms or conditions 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

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> Claims Made OR <input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Products and/or completed operations <input type="checkbox"/> Employer's Liability <input type="checkbox"/> Cross Liability <input type="checkbox"/> Waiver of Subrogation <input checked="" type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/>	CHES Special Risk Inc. HPT00231	2022/ 11/ 30	2023/ 11/ 30	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate	2,500	10,000,000
				- Each Occurrence	2,500	10,000,000
				Products and Completed Operations Aggregate	2,500	10,000,000
				<input checked="" type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Personal and Advertising Injury Liability	2,500	10,000,000
				Medical Payments		10,000
				Tenants Legal Liability	2,500	10,000,000
				Pollution Liability Extension		
<input checked="" type="checkbox"/> Non-Owned Automobiles	HPT00231 CHES Special	2022/ 11/ 30	2023/ 11/ 30	Non-Owned Automobile	2,500	10,000,000
<input checked="" type="checkbox"/> Hired Automobiles	HPT00231 CHES Special	2022/ 11/ 30	2023/ 11/ 30	Hired Automobiles	2,500	50,000
AUTOMOBILE LIABILITY <input type="checkbox"/> Described Automobiles <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Leased Automobiles ** ** All Automobiles leased in excess of 30 days where the insured is required to provide insurance				Bodily Injury and Property Damage Combined		
				Bodily Injury (Per Person)		
				Bodily Injury (Per Accident)		
				Property Damage		
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/>				Each Occurrence		
				Aggregate		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Professional Liability <input type="checkbox"/> <input type="checkbox"/>	CHES Special Risk Inc. HPT00231	2022 / 11 / 30	2023 / 11 / 30	Errors & Omissions	10,000	5,000,000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 0 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured)
Insureit Group Inc. 200-800 Denison St Markham ON L3R 5M9 BROKER CLIENT ID: EDU900	

8. CERTIFICATE AUTHORIZATION

Issuer	Insureit Group Inc.	Contact Number(s)	
Authorized Representative	Crystal Wang	Type Phone No (416) 869-3039 Type No	
Signature of Authorized Representative	<i>X Crystal Wang</i> 2023 3 1	Type No () - Type No () -	
		Date 2023 3 1	EEmail Address cwang@insureitgroup.com