



Insurance Corporation
of British Columbia

Mailing address:
ICBC
PO Box 7500 Stn Terminal
Vancouver BC V6B 5R9

Telephone 604-443-4624
Toll Free in BC 1-800-665-4336
Fax 604-443-4451

May 30, 2022

BC Insurance Filing: 02419
Your Insurance Policy: 2002135

CANEDA TRANSPORT LTD.
4330-46 AVENUE SE
CALGARY AB T2B 3N7

Dear Sir/Madam:

Re: British Columbia Financial Responsibility Certificate (BC Insurance Filing)

We have received the required documentation which allows us to grant you an insurance filing in British Columbia. Your BC Financial Responsibility Certificate number is **02419**.

You must quote this number:

- upon request at BC Weigh Scale stations for commercial vehicles travelling into British Columbia; or
- when purchasing a Non-Resident Commercial Vehicle Permit for any non-BC based licenced vehicles which are registered in the name presented above, without having to obtain BC liability insurance; or
- when making an application for a Non-Resident Vehicle Permit (students or military personnel-in-training).

This filing **is not valid for the purchase of BC plates 'insurance exempt'** nor does it exempt you from paying fuel tax, licence/permit fees or from obtaining any Motor Carrier Authority you may require.

This filing will remain in effect until we receive a notice of cancellation from your insurance company.

Yours truly,

Charito Mackay
Manager
Specialty Licensing/Insurance

Copy to:
NORTHBRIDGE GENERAL INSURANCE CORPORATION SOCIETE
525-220 12 AVE SW
CALGARY AB
T2R 0E9

00000001

This certificate, issued by: **Northbridge General Insurance Corporation**
(NAME OF INSURER, INSURANCE COMPANY ONLY, NOT AGENT)

105 Adelaide Street West | Suite 700 | Toronto, ON | M5H 1P9

(ADDRESS OF INSURANCE COMPANY)

is evidence that vehicle insurance that provides third party liability insurance coverage has been issued to:

Caneda Transport Ltd.

(NAME OF INSURED)

4330 46 AVENUE S E CALGARY AB T2B 3N7 CA

(COMPLETE ADDRESS OF INSURED)

(INSURED FAX NUMBER)

(INSURED EMAIL ADDRESS)

- a common carrier of goods or passengers
- military personnel – in-training
- a full-time student enrolled and attending a recognized educational institution

in the amount prescribed by the Insurance (Vehicle) Act of British Columbia covering all vehicles owned and operated **and/or** leased and operated in the name of the insured which are registered and base-plated in:

- (1) All Canadian jurisdictions, or
- (2) All U.S. jurisdictions, or
- (3) All Canadian and U.S. jurisdictions, or
- (4) Specific jurisdictions: _____

under Policy No. **2002135**, and that the insurance is in full force and effect and will not be cancelled or terminated by expiry or otherwise, except upon 10 days notice in writing to the Insurance Corporation of British Columbia, PO Box 7500, Stn Terminal, Vancouver, BC V6B 5R9.

Certificate dated this 30 of 05 2022, at Toronto, ON.
DAY MONTH YEAR

Please remit \$30 Filing Fee with this form



SIGNATURE OF PERSON AUTHORIZED BY INSURER
(Must match specimen signature on our file. Stamped signatures not accepted.)

416-350-4490

TELEPHONE NUMBER

FAX NUMBER

Andrew Ramsingh

(Please print name clearly)

andrew.ramsingh@nbfc.com

EMAIL ADDRESS