

		CERTIFICA	TE OF LIABIL	ITY INSURANC	CE			
Thi	is certificate is issued as a matter of info nei	rmation only and confer gatively amend, edtend	• •			urance does not	affirmatively or	
1.	CERTIFICATE HOLDER - NAME AND AD			RED NAME AND ADD				
				Les Unités Mobiles de Coiffure de Montréal inc., Coiffura 2000 Inc. FASRS				
Cost	umers of Forever Young Hair Care			Forever Young Hair Care enr. & Coiffure Bel-Age Québec enr.				
			6226 bou		oul. Monk			
			Montréal,	Qc, H3E 3H7				
2B.	DESCRIPTION OF OPERATIONS / LOCA	FIONS / VEHICLES (but o	nly with respect to	the operations of th	ne named insured)			
Mob	ile unit for hairdressing and beauty (manicure and pedicur	e only)					
3.	COVERAGES							
Гhis i	s to certify that the policies of insurance I	isted below have been is	sued to the insured	l named above for th	e policy period indicat	ed. Notwithstan	ding any	
polici	rement, term or condition of any contrac es described herein is subject to all the te 'S SHOWN MAY HAVE BEEN REDUCED BY	erms, exclusions and con	-	-	e issued or may pertai	n, the insurance	afforded by the	
TYPE OF INSURANCE		POLICIES NO.	INSURER	POLICY PERIOD	DEDUCTIBLE	LIMIT OF I	NSURANCE	
GENE	RAL LIABLITY							
	CLAIMS-MADE X OCCURREN	CE			\$1,000	\$5,000,000 \$5,000,000	-	
х	PROPERTY DOMMAGE OR BODILY INJU	RY				\$5,000,000		
х	PERSONAL & ADV INJURY		NORTHBRIDGE	November 10, 2015		\$5,000,000		
х	PRODUCTS - COMP/OP AGG	CBC 0739565	ASSURANCE	то		\$5,000,000	per claim per period	
х	TENANT LEGAL LIABILITY				\$1,000		per location	
x	NON-OWNED VEHICLES			November 10,		\$5,000,000		
~				2016				
	MEDICAL EXPENSES					\$25,000		
X						\$25,000		
4.		alled before the evolution of	late thereof notice of	f NUL will be delive	rad in accordance with	the policy prov	icione	
31100	Id any of the above described policies be cance						1510115.	
5. BROKER'S NAME AND ADDRESS Geska Assurances & Conseils Inc.			6. ADDI	6. ADDITIONAL INSUREDS - NAME AND ADDRESS				
9935. avenue Catania								
sros	sard (Québec) J4Z 3V4 AUTHORIZATION CERTIFICATE							
/.			FUNCTION			DATE		
SIGNATURE OF AUTHORIZED REPRESENTATIVE PLEAS		Éric Lavallée		FUNCTION Damage Insurance Broker			DATE February 29, 2016	
BROK	ÆR f	-MAIL	TELEPHONE	514 3	73-8144 EXT.	224		
Sock	a Assurances & Conseils Inc.	elavallee@geska.ca	CELLULAR			514 373-8142		