

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

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

A & W Food Court
2268 - 4820 Kingsway

Burnaby, B.C. V5H 4N2

2. INSURED'S FULL NAME AND MAILING ADDRESS

Grease Ducks Ltd
200 - 100 Park Royal

West Vancouver, B.C. V7T1A2

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

Commercial Kitchen Cleaning, Degreasing and Fire Suppression System Services

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 type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance 5XL035174	2017/ 2 / 6	2018/ 2 / 6	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate	1,000	5,000,000
				Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000
				Medical Payments	1,000	10,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
				Non-Owned Automobile		
				Hired Automobiles		
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	ICBC			Bodily Injury and Property Damage Combined		1,000,000
				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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 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

iCare Insurance Brokers Ltd.
#105 - 3790 Canada Way
Burnaby, BC V5G 1G4

BROKER CLIENT ID: GRED01

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial general Liability - but only with respect to the operations of the Named Insured)

Ivanhoe Cambridge Inc, & Ivanhoe Cambridge I Inc, & Ivanhoe Cambridge II Inc, & Ivanhoe Cambridge III Inc, & Greater Vancouver Water District
#604 - 4720 Kingsway
Burnaby, B.C. V5H4N2

8. CERTIFICATE AUTHORIZATION

Issuer	iCare Insurance Brokers Ltd.	Contact Number(s)	
Authorized Representative	Rick Myers	Type	No
Signature of Authorized Representative		Type Phone	No (604) 628-5177
		Type Fax	No (604) 628-5179
		Date	2017 2 21
		EEmail Address	

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

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

A & W Skytrain
2268 - 4820 Kingsway

Burnaby, B.C. V5H 4N2

2. INSURED'S FULL NAME AND MAILING ADDRESS

Grease Ducks Ltd
200 - 100 Park Royal

West Vancouver, B.C. V7T1A2

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

Commercial Kitchen Cleaning, Degreasing and Fire Suppression System Services

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 type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance 5XL035174	2017/ 2/ 6	2018/ 2/ 6	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate - Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate	1,000	5,000,000
				<input type="checkbox"/> Personal Injury Liability	1,000	5,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments	1,000	10,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
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	ICBC			Bodily Injury and Property Damage Combined		1,000,000
				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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 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

iCare Insurance Brokers Ltd.
#105 - 3790 Canada Way
Burnaby, BC V5G 1G4

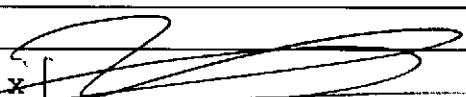
BROKER CLIENT ID: GRED01

7. ADDITIONAL INSURED NAME AND MAILING ADDRESS

(Commercial general Liability - but only with respect to the operations of the Named Insured)

Ivanhoe Cambridge Inc, & Ivanhoe Cambridge I Inc, & Ivanhoe Cambridge II Inc, & Ivanhoe Cambridge III Inc, & Greater Vancouver Water District
#604 - 4720 Kingsway
Burnaby, B.C. V5H4N2

8. CERTIFICATE AUTHORIZATION

Issuer	iCare Insurance Brokers Ltd.			Contact Number(s)	
Authorized Representative				Type	No
Signature of Authorized Representative				Type Phone	No (604) 628-5177
	Date	2017 2 21		Email Address	

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

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS A & W Restaurant 14 - 601 Cordova Street Vancouver, B.C. V6B 1G1	2. INSURED'S FULL NAME AND MAILING ADDRESS Grease Ducks Ltd 200 - 100 Park Royal West Vancouver, B.C. V7T1A2
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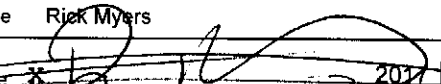
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)
Commercial Kitchen Cleaning, Degreasing and Fire Suppression System Services

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 type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance 5XL035174	2017/ 2 / 6	2018/ 2 / 6	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate	1,000	5,000,000
				- Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate	1,000	5,000,000
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000
				Medical Payments	1,000	10,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
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	ICBC			Bodily Injury and Property Damage Combined		1,000,000
				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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

5. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 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 iCare Insurance Brokers Ltd. #105 - 3790 Canada Way Burnaby, BC V5G 1G4 BROKER CLIENT ID: GRED01	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial general Liability - but only with respect to the operations of the Named Insured) The Cadillac Fairview Corporation Ltd 200 Granville Street, Suite 1020 Vancouver, B.C. V6C 1S4
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8. CERTIFICATE AUTHORIZATION	
Issuer: iCare Insurance Brokers Ltd.	Contact Number(s)
Authorized Representative: Rick Myers	Type No Type No
Signature of Authorized Representative: 	Type Phone No (604) 628-5177 Type Fax No (604) 628-5179
Date: 2017 2 23	Date EMail Address

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
A & W Restaurant 14 - 601 Cordova Street Vancouver, B.C. V6B 1G1	Grease Ducks Ltd 200 - 100 Park Royal West Vancouver, B.C. V7T1A2

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

Commercial Kitchen Cleaning, Degreasing and Fire Suppression System Services

4. COVERAGES

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LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

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				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 type="checkbox"/> Tenants Legal Liability <input type="checkbox"/> Pollution Liability Extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance 5XL035174	2017/ 2/ 6	2018/ 2/ 6	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate	1,000	5,000,000
				- Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate	1,000	5,000,000
				<input type="checkbox"/> Personal Injury Liability <input checked="" type="checkbox"/> Personal and Advertising Injury Liability	1,000	5,000,000
				Medical Payments	1,000	10,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
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	ICBC			Bodily Injury and Property Damage Combined		1,000,000
				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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						

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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)
iCare Insurance Brokers Ltd. #105 - 3790 Canada Way Burnaby, BC V5G 1G4 BROKER CLIENT ID: GRED01	Ontrea Inc. 200 Granville Street, Suite 1020 Vancouver, B.C. V6C 1S4

8. CERTIFICATE AUTHORIZATION

Issuer	iCare Insurance Brokers Ltd.			Contact Number(s)	
Authorized Representative	Rick Myers	Type	No	Type	No
Signature of Authorized Representative		Type Phone	No (604) 628-5177	Type Fax	No (604) 628-5179
	Date	Date		Email Address	
	2017 2 23	2017 2 23			