



CERTIFICATE OF LIABILITY 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 the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS			
À QUI DE DROIT		9007-6720 Québec inc FASRS Transcol inc. 3495 de la Recherche Street			
QC		POSTAL CODE	Jonquière	Quebec	POSTAL CODE G7X 0H5

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

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 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 checked="" type="checkbox"/> CLAIMS MADE OR <input 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"/>	Aviva, compagnie d'assurance du Canada - ACT1297388	2026/03/01	2027/03/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		\$5,000,000		
						- EACH OCCURRENCE		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000		
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR				
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000		
				MEDICAL PAYMENTS				
				TENANTS LEGAL LIABILITY				
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION								
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Aviva, compagnie d'assurance du	2026/03/01	2027/03/01	NON-OWNED AUTOMOBILES		\$5,000,000		
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Aviva, compagnie d'assurance du Canada - ACT1297388	2026/03/01	2027/03/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$3,000,000		
				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 checked="" type="checkbox"/> CARGO	Aviva, compagnie d'assurance du Canada - ACT1297388	2026/03/01	2027/03/01		\$10,000	\$500,000		
	<input checked="" type="checkbox"/> FAQ27	Aviva, compagnie d'assurance du	2026/03/01	2027/03/01	Camions et remorques		\$200,000	

5. CANCELLATION

En cas de résiliation de l'un des contrats mentionnés avant la date d'échéance spécifiée, l'assureur émetteur de la police se propose de donner au titulaire un préavis écrit de jours mais ne saurait s'y engager. À défaut d'envoi de ce préavis, la compagnie se dégage de toute obligation ou responsabilité de tout genre à la compagnie, ses agents ou représentants.

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)			
Lussier 1270 Wallberg Boulevard C.P. 50007					
Dolbeau-Mistassini	QC	POSTAL CODE	G8L 6B7		
BROKER CLIENT ID: 1135207				POSTAL CODE	

8. CERTIFICATE AUTHORIZATION					
ISSUER Lussier	AUTHORIZED REPRESENTATIVE Kathie Martel		CONTACT NUMBER(S) TYPE Téléphone NO. +1 (877) 587-7437	TYPE Télécopieur NO. (418) 276-8673	
			TYPE NO.	TYPE NO.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Kathie Martel</i>		DATE February 24, 2026	EMAIL ADDRESS kmartel@lussier.co		