

  
**JEVCO****Jevco Insurance Company**  
Suite 700 - 7120 Hurontario St.,  
Mississauga, Ont, L5W 0B1  
(hereinafter called the Insurer)**COMMERCIAL POLICY  
COVERAGE SUMMARY - DECLARATIONS  
INSURED COPY**



<b>Reason for Issue:</b> Renewal		<b>Policy Number:</b> KGHOPC81317	
<b>Your Broker Is:</b> Nacora Insurance Brokers Ltd. - 2116	<b>Telephone Number:</b> 905-507-1551	<b>Replacing Policy Number:</b>	<b>Type of Payment Plan:</b> Agency
<b>Period of Insurance or Date of Endorsement:</b> From November 14, 2009 To November 14, 2010 <b>Endorsement Date: November 14, 2009</b> 12:01 A.M. Standard Time at the Postal Address as stated herein.			
<b>Named Insured and Mailing Address</b> Advanced Waste Services o/b 1453372 Ontario Inc. 2042 Oxford Avenue Oakville, ON, L6H 4K7		<b>Location 1</b> 2042 Oxford Avenue Oakville, ON, L6H 4K7	
<b>Description of Insured Business Operations</b> Waste Collection and disposal 100% commercial		<b>Other Occupancies</b>	
<b>Construction Details</b> Unknown			
<b>Loss, if any, Payable to: (absence of entry denotes "Loss Payable to the Insured")</b>			
<small>In consideration of the premium specified and the statements contained in the Declarations and of the Conditions and Stipulations contained herein and in the documents attached hereto, the insurer agrees to insure the insured named in the Declarations to the extent provided by the documents attached, subject to the limit of insurance applying, for the specified Policy Period.</small> <b>INSURANCE IS PROVIDED ONLY FOR THOSE COVERAGES INDICATED AND SPECIFIC LIMITS OF INSURANCE ARE STATED BELOW.</b>			

Form #	Coverage	Co-Ins %	Deductible	Limit	Premium
PCC18598	Additional Insured Endorsement				
PCC18599	Additional Insured Endorsement				
594	Deductible Endorsement		\$1,000		
PCC20980	Liability Declaration				
501	Commercial General Liability Policy (Occurrence Form)		\$2,500	\$1,000,000	\$1,000
557	Total Pollution Exclusion				

<b>Location Premium :</b>	<b>\$1,000</b>
<b>Policy Premium:</b>	<b>\$1,000</b>
<b>Minimum Retained :</b>	<b>\$250</b>

IN WITNESS WHEREOF, THE INSURER HAS EXECUTED AND ATTESTED THESE PRESENTS BUT THIS CERTIFICATE SHALL NOT BE VALID UNLESS COUNTERSIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF THE INSURER.

ISSUE DATE: October 13, 2009

<b>Authorized Signature of Insurer</b> 	<b>COUNTERSIGNED AUTHORIZED REPRESENTATIVE</b> <b>NACORA</b> Insurance Brokers Ltd. 
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**THIS POLICY CONTAINS A CLAUSE(S) THAT MAY LIMIT THE AMOUNT PAYABLE**