

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

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.

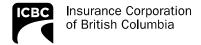
This filing will remain in effect until we receive a notice of cancellation from your insurance company.

Yours truly,

Charle Macray

Charito Mackay Manager Specialty Licensing/Insurance

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



This certificate, issued b	Northbridge General Insurance Corporation (NAME OF INSURER, INSURANCE COMPANY ONLY, NOT AGENT)		
	105 Adelaide Street West Suite 700 7		
	(F	DDRESS OF INSURANCE COMPANY)	
is evidence that vehicle	insurance that provides third party liabi	lity 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)	
	non carrier of goods or passengers		
•	<pre>v personnel — in-training ma_atudant_anralled and attending a rec</pre>	pagnized educational institution	
	me student enrolled and attending a rec		
	ed by the Insurance (Vehicle) Act of Britis the name of the insured which are regis	sh Columbia covering all vehicles owned and operated and/o t tered and base-plated in:	
(2) A	II Canadian jurisdictions, or II U.S. jurisdictions, or II Canadian and U.S. jurisdictions, or		
_ ()	-		
∐ (4) S	pecific jurisdictions:		
	except upon 10 days notice in writing to	nce is in full force and effect and will not be cancelled or terminated the Insurance Corporation of British Columbia, PO Box 7500	
Certificate dated this	30 of 05 2022 DAY MONTH YEAR	, at Toronto, ON	
Please remit \$30	Filing Fee with this form		
andrew la	nsugl	416-350-4490	
SIGNATURE OF PERSON AUTHORIZED BY INSURER		TELEPHONE NUMBER	
	ure on our file. Stamped signatures not accepted.)		
		FAX NUMBER	
Andrew Ramsingh			

and rew.ramsingh@nbfc.com

EMAIL ADDRESS