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PROOF OF INSURANCE

We confirm that the policies of insurance, subject to their terms, conditions, and exclusions, are at present in force for the insured named below with the Insurer(s) specified.

Name and address of Insured: SUNRUNNER LOGISTICS INCORPORATED
431 ST. ANDREW ST W
sabina@sunrunnerlogistics.com FERGUS, ONTARIO N1M 1P2

TYPE OF INSURANCE & POLICY NUMBER	LIMITS	INSURER	<u>EXPIRY DATE</u> D / M / Y
CARGO POLICY # 4811419	\$ 250,000	ECONOMICAL INSURANCE GROUP	05/03/2011
COMMERCIAL GENERAL LIABILITY POLICY # 4811419	\$ 2,000,000	ECONOMICAL INSURANCE GROUP	05/03/2011

In the event that any of the policies are cancelled, or changed in such a manner as to affect this certificate, we will endeavour to mail to the holder of this certificate 30 days prior written notice of such change or cancellation, by letter mailed to you at the above address, but failure to give such notice shall not invalidate such change or cancellation. This certificate of insurance is issued as a matter of information only and confers no rights on the holder and imposes no liability upon the insurer.

HUBBARD INSURANCE BROKERS

DATE: APR 7 2010 PER: 
 (Authorized Representative)