

To be completed by Insurance Company or Agent duly authorized to conduct business in the Province of Ontario RETURN ONE COPY TO:

Licensing Services
East York Civic Centre
850 Coxwell Avenue, 3rd Floor
Toronto, Ontario M4C 5R1
Fax Number: 416-392-4515
Phone Number: 416, 392, 6700

CERTIFICATE OF INSURANCE

					Pnone Num	iber: 416-392-6700
TYPE OF POLICY				POLICY CLASS Refreshment Vehicle – (Including Ice Cream, Frozen Desserts & Confections)		
Name and Addre	ss of Insure	ed (as on Certificate of Registr		and Phone N	o. of Insurance Agent (if	applicable)
INSURING CO	MDANW	POLICY NUMBER	AMOUNT OF CO	WEDACE	EFFECTIVE DATE	EXPIRY DATE
INSURING COL	WI ANI	TOLIC I NUMBER	AMOUNT OF CO	VERAGE	DD/MM/YY	DD/MM/YY
		VEHICLE	S COVERED BY TH	IE ABOVE 1	POLICIES	MI C DI
Make Year		r Model	Model Serial		Number	M.L.S. Plate Number
		Ins Damage policy providing c ne Insurance Act for the mo	overage of not less th	han \$		lusive per vehicle a
IV, Section 545-38	(I) or Secti	d effect on this date and issued ion 545-39(F), as amended. en notice to the Executive Di	This policy may not	be cancelled	d during its term or allow	wed to expire, excep
*Authorize	d represen	tative of the Insurer is to ins	ert the appropriate am	nount in the	indicated space above:	
Refreshme	nt vehicle -	\$1,000,000.00; Refreshmen	nt Vehicle with Ice Cre	eam, Frozen	Desserts and Confection	ns - \$1,000,000.00
Note: In the event of	f a change	in vehicles, a Substitution E	Endorsement is to be f	îled with Mu	nicipal Licensing and S	tandards.
Date:			Signature & Stamp of Authorized Representative			

of Insurer: