INSURANCE CONFIRMATION

To:

This is to certify that policies or Insurance described below have been issued to the Insured by undersigned and are in full force and effect at this time.

INSURED:_____

ADDITIONAL INSURED: Initial Security

*Note: Initial Security Inc is an additional insured with respect to liability for loss or damage arising out of the named insured's operation for work performed for Initial Security Inc.

POLICY
NUMBER:_____

POLICY
TERM:_____

INSURER:_____

AMOUNT OF INSURANCE: $_____ (Minimum $2000,000)

TYPE OF INSURANCE: COMMERCIAL GENERAL LIABILITY INCLUDING BROAD FORM COMPLETED OPERATIONS

_____
AUTHORIZED REPRESENTATIVE OF INSURER

*********PLEASE EMAIL SIGNED FORM TO SAM DHALIWAL at sam@initialsecurity.ca