

Confirmation of Vehicle Insurance Coverage



Insurance Corporation
of British Columbia
(the Corporation)

NAME OF INSURED (surname followed by given name(s)) ALL NORTH CONSULTANTS LIMITED		
ADDRESS OF INSURED 2011 PG PULPMILL ROAD		
CITY PRINCE GEORGE	PROVINCE BC	POSTAL CODE V2L 4V1

This is to confirm to:

TO WHOM IT MAY CONCERN

that the following coverage in accordance with the Insurance (Vehicle) Act (the Act), the Insurance (Vehicle) Regulation (the Regulation), and, where applicable, the ICBC Autoplan Optional Policy, is provided to the insured named above and is in force at this date.

This confirmation is issued as a matter of information only and confers no rights on the confirmee and imposes no obligations on the Corporation, or the undersigned representative.

COVERAGE	LICENCE PLATE NO.	LIMIT OF LIABILITY	DESCRIPTION OF VEHICLE			
			YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)
THIRD PARTY LIABILITY (REGULATION, PART 6) (OPTIONAL POLICY, DIVISION 4)	1.	\$ 2,000,000.00				
	2.	\$				
	3.	\$				
	4.	\$				
	5.	\$				
	6.	\$				
	7.	\$				
	8.	\$				
	9.	\$				
	10.	\$				
	11.	\$				
	12.	\$				
	13.	\$				

AGENT'S COMMENTS

THIS IS TO CONFIRM COVERAGE, AS STATED ABOVE FOR ALL VEHICLES UNDER ICBC FLEET PLAN #676379 WHETHER OWNED OR LEASED FOR THE ABOVE NAMED INSURED

AGENCY NUMBER

45454

The Motor Vehicle Liability Insurance Card Canada Inter-Province on the back of this Confirmation of Vehicle Insurance Coverage is not valid and does not serve as proof of liability insurance for any vehicle.

Coverage effective from:	Coverage to expire on:
DATE (ddmmyyyy)	DATE (ddmmyyyy)
01 - 10 - 2022	30 - 09 - 2023

[Signature]
SIGNATURE OF AGENT

Sept 27, 2022
DATE

NOT VALID UNLESS STAMPED BY
AUTHORIZED ISSUING OFFICE
45454
AM
PM
SEP 27 2022
TIME OF VALIDATION

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COVERAGE	LICENCE PLATE NO.	LIMIT OF LIABILITY	DESCRIPTION OF VEHICLE			
			YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER (VIN)
THIRD PARTY LIABILITY (REGULATION, PART 8) (OPTIONAL POLICY, DIVISION 4)	1.	\$ 2,000,000.00				
	2.	\$				
	3.	\$				
	4.	\$				
	5.	\$				
	6.	\$				
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