BRITISH COLUMBIA

CERTIFICATE OF INSURANCE

Freedom of Information and Protection of Privacy Act
The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 STN PROV GOVT, Victoria BC V8W 9V1.
Please refer *all other questions* to the contact named in Part 1.

Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO *(Name of office)*	AGREEMENT IDENTIFICATION NO.
BC Timber Sales - Kootenay Business Area	EN22TFH003
PROVINCE'S CONTACT PERSON NAME & TITLE Shelley Harper, Business Administrator	PHONE NO. 778-671-9114 FAX NO. 250-825-3411
MAILING ADDRESS 1907 Ridgewood Road, Nelson BC	POSTAL CODE V1L 6K1
CONTRACTOR NAME Bad Ventures Ltd.	
CONTRACTOR ADDRESS 1335 Theatre Road, Cranbrook BC	POSTAL CODE V1C 6Y2

Part 2 To be completed by the Insurance Agent or Broker

INSURED	NAME Bad Ventures Ltd.	
	ADDRESS 1917 Theatre Road, Cranbrook, BC	POSTAL CODE
OPERATIONS INSURED	PROVIDE DETAILS Road Building/Maintenance, Excavation and Logging for the Forest & Resource Industry, Ministry of Transportation, BC Hydro and Regoinal Districts including snow removal, slash burning, on-call equipment renewal with the BC Regional Fire Centre	

TYPE OF INSURANCE *List each separately*	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Commercial General Liability	Intact Insurance Company Policy #501574829	2022/06/05	$5,000,000
S&A Pollution Liability	Intact Insurance Company Policy #501574829	2022/06/05	$2,000,000
Forest Fire Fighting Expense	Intact Insurance Company Policy #501574829	2022/06/05	$2,000,000
Contractors Equipment Physical Damage	Federated Insurance Company of Canada Policy #IF20-268	2022/06/05	$4,130,950TIV as per schedule of equipment on file with HUB International

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS:

AGENT OR BROKERAGE FIRM	ADDRESS	PHONE NO.
HUB International	299-3rd Avenue, Kamloops, BC V2C3M4	604-417-5111
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED
C. Dawson	C. Dawson	June 10, 2021