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**FAX TRANSMISSION**

**TO:**

**FAX NUMBER:**

**FROM:**

**DATE:**

**PAGE 1 OF**

**MESSAGE**

MC # 526690

USDOT # 1381193

921 Katherine Street North, R.R.#1  
West Montrose, Ontario N0B 2V0  
519-669-3388  
877-711-9677  
Fax: 519-669-4082

Accounting: [lisa@grandridge.ca](mailto:lisa@grandridge.ca)  
Dispatch: [dale@grandridge.ca](mailto:dale@grandridge.ca)  
[darcy@grandridge.ca](mailto:darcy@grandridge.ca)  
General Operations: [marlin@grandridge.ca](mailto:marlin@grandridge.ca)

# CERTIFICATE OF LIABILITY INSURANCE

**This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.**

<b>1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS</b>	<b>2. INSURED'S FULL NAME AND MAILING ADDRESS</b>
Grandridge Carriers, Inc.	Grandridge Carriers, Inc.
921 Katharine St. N. RR 1	921 Katharine St. N. RR 1
West Montrose ON	West Montrose ON
POSTAL CODE N0B 2V0	POSTAL CODE N0B 2V0

**3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)**  
 Common Carrier  
 Umbrella Liability Subscribing Companies: Sovereign General 55%, Aviva 15%, Everest 13.5%, HDI Global 10%, Lloyds 6.5%.

**4. COVERAGES**  
 This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> COMBINED SINGLE LIMIT <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Travelers Insurance Company of Canada TRVBSL0401	2019/04/01	2020/04/01	COMMERCIAL GENERAL LIABILITY		\$2,000,000
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		\$2,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$2,000,000
				<input type="checkbox"/> PERSONAL INJURY LIABILITY		\$2,000,000
				OR		
				<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		
MEDICAL PAYMENTS		\$10,000				
TENANTS LEGAL LIABILITY		\$1,000,000				
POLLUTION LIABILITY EXTENSION						
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Travelers Insurance Company of Canada TRVBSL0401	2019/04/01	2020/04/01	NON OWNED AUTOMOBILE		\$2,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> DESCRIBED AUTOMOBILES <input checked="" type="checkbox"/> ALL OWNED AUTOMOBILES <input checked="" type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE	Travelers Insurance Company of Canada TRVBSA0401	2019/04/01	2020/04/01	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
<b>OTHER (SPECIFY)</b> <input checked="" type="checkbox"/> Motor Truck Cargo <input checked="" type="checkbox"/> Excess Motor Truck Cargo <input checked="" type="checkbox"/> Mechanical Breakdown <input checked="" type="checkbox"/> Umbrella Liability <input checked="" type="checkbox"/> OPCF 27B-Liab for Dmg <input checked="" type="checkbox"/> Auto Phys Dmg - All Perils	Travelers Insurance Company of Canada TRVBSC0401	2019/04/01	2020/04/01		10,000	\$125,000
	Aviva Canada CMP 81817143	2019/04/01	2020/04/01		\$125K	\$400,000
	Travelers TRVBSC0401	2019/04/01	2020/04/01			Included
	Strategic Underwriting Manager SUM-UMB-12861-001	2019/04/01	2020/04/01			\$3,000,000
	Travelers TRVBSA0401	2019/04/01	2020/04/01	Non-Owned Autos	10,000	\$150,000
					10,000	

**5. CANCELLATION**  
 Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

<b>6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS</b>	<b>7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)</b>
Dalton Timmis Insurance Group, Inc.	
35 Stone Church Rd, 3rd Floor	
Ancaster ON	
POSTAL CODE L9K 1S5	
<b>BROKER CLIENT ID:</b>	POSTAL CODE

<b>8. CERTIFICATE AUTHORIZATION</b>	
ISSUER Dalton Timmis Insurance Group, Inc.	CONTACT NUMBER(S) TYPE Phone NO. 905-648-3922 TYPE NO.
AUTHORIZED REPRESENTATIVE Ashleigh Deck	TYPE Fax NO. 905-648-2640 TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>A Deck</i>	DATE 2019/03/28 EMAIL ADDRESS transcert@daltontimmis.com

# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.  
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) . . . . . W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) . . . . . W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary . . . . . W-8IMY
- Note: See instructions for additional exceptions.

### Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner <b>GRANDRIDGE CARRIERS INC.</b>	2 Country of incorporation or organization <b>CANADA</b>
3 Type of beneficial owner: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. <b>981 Katherine St. W., RR#1</b>	
City or town, state or province. Include postal code where appropriate. <b>West Montrose, Ontario N0B 2V0</b>	Country (do not abbreviate) <b>CANADA</b>
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	
6 U.S. taxpayer identification number, if required (see instructions) <b>980472326</b> <input checked="" type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional) <b>84313 8074</b>
8 Reference number(s) (see instructions)	

### Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a  The beneficial owner is a resident of **Canada** within the meaning of the income tax treaty between the United States and that country.
- b  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d  The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article \_\_\_\_\_ of the treaty identified on line 9a above to claim a \_\_\_\_\_% rate of withholding on (specify type of income): \_\_\_\_\_  
Explain the reasons the beneficial owner meets the terms of the treaty article: \_\_\_\_\_

### Part III Notional Principal Contracts

11  I have provided or will provide a statement that identifies those notional principal contracts from which the income is not effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

### Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1 I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2 The beneficial owner is not a U.S. person,
- 3 The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- 4 For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here ▶ *Marlin Lingrich* **01/04/2019 owner**  
Signature of beneficial owner (or individual authorized to sign for beneficial owner) MM/DD/YY Capacity in which acting



200 Front Street West Telephone:  
Toronto ON M5V 3J1 (416) 344-1012

**Certificate of Clearance  
Certificat de décharge**

The Workplace Safety and Insurance Board (WSIB) hereby waives its rights under Section 141 of the Workplace Safety and Insurance Act to hold the Principal, that is in a contractual agreement with the Contractor named, liable for any Section 141 liability of the Contractor for premiums and levies of the WSIB owing now or within 60 days from the date of this Certificate.

CONTRACTOR  
L'ENTREPRENEUR

GRANDRIDGE CARRIERS INC  
RR 1  
921 KATHERINE ST N  
WEST MONTROSE ON  
NOB 2V0

*Par la présente, la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail (CSPAAT) renonce aux droits qui lui sont conférés en vertu de l'article 141 de la Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail et qui l'autorisent à tenir l'entrepreneur principal, qui a signé une entente contractuelle avec l'entrepreneur dont le nom figure sur le présent certificat, responsable du paiement de toute prime ou de toute somme que l'entrepreneur est tenu de verser à la CSPAAT immédiatement ou dans les 60 jours suivant la date indiquée sur ce certificat.*

THIS CERTIFICATE IS VALID FOR ALL CONTRACTS OF THE NAMED CONTRACTOR DURING THE EFFECTIVE PERIOD

LE PRESENT CERTIFICAT EST VALIDE POUR TOUS LES CONTRATS PASSES PAR LEDIT ENTREPRENEUR PENDANT LA PERIODE D'APPLICATION DU CERTIFICAT



Account No./N° de compte <b>1916941</b>	Firm No./N° d'entreprise <b>762587</b>	Effective Date/Date d'application <b>30 NOV 2010</b>
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Valid only when signed by an authorized Officer at the WSIB.  
Non valide sans la signature d'un agent autorisé de la CSPAAT.

Rate/Taux	Description	Rate/Taux	Description
4561000	GENERAL FREIGHT TR		

Contract Description/Description du contrat

Certificate No./N° de certificat  
**204341076**

Contact the WSIB if you question the validity of this document.  
Veuillez communiquer avec la CSPAAT si vous doutez de la validité du présent document.

**15196694082**



U.S. Department of  
Transportation  
**Federal Motor  
Carrier Safety  
Administration**

400 Seventh St., S.W.  
Washington, D.C. 20590  
June 8, 2005

CLARE MARTIN  
PRESIDENT  
GRANDRIDGE CARRIERS INC  
921 KATHARINE ST NORTH R R # 1  
WEST MONTROSE ON NOB 2V0

In reply refer to:  
USDOT Number: 1381193  
MC Number: MC526690

Dear CLARE MARTIN:

Your application seeking registration to operate in interstate commerce within the U.S. has been approved. You must contact your local Federal Motor Carrier Safety Administration (FMCSA) Division office (518-431-4145) within 90 days of the date of this letter to schedule a Safety Audit.

Failure to contact your local Federal Motor Carrier Safety Administration (FMCSA) Division office within 90 days of the date of this letter will be considered a failure to permit a Safety Audit under section 385.337. In accordance with 49 CFR 385.337, failure to permit a Safety Audit to be performed on your operations may result in the revocation of your registration and/or the penalty provisions in 49. U.S.C. 521(b)(2)(A).

The purpose of the Safety Audit is to provide you with educational and technical assistance and to gather safety data needed to make an assessment of your safety performance and adequacy of your basic safety management controls. The auditor will review a sample of your safety management systems and a sample of required records to assess compliance with the Federal Motor Carrier Safety Regulations (FMCSRs), applicable Hazardous Materials Regulations (HMRs) and related record-keeping requirements specified in Appendix A of Part 385 of Title 49 of the Code of Federal Regulations (49 CFR Part 385). Upon completion of the audit, the auditor will review the findings with you. This discussion will be followed up within 45 days with an official letter from the agency advising you whether FMCSA has determined that you have adequate basic safety management controls.

In addition to the audit, FMCSA will continue to evaluate your safety management practices and monitor your on-road performance for 18 months prior to granting you permanent registration. You must maintain adequate safety standards and comply with the FMCSRs and applicable HMRs in order to continue operating in interstate commerce during and after this 18-month period. Failure to comply with these requirements may result in the revocation of your New Entrant or permanent registration authority.

Your USDOT number, and your personal identification number (PIN) which can be used to update your company registration data on-line can be found in the upper right hand corner of this letter. Electronic updates can be made on the FMCSA Registration website, <http://safer.fmcsa.dot.gov>.

You can also contact FMCSA's technical support at 1-800-832-5660 for a blank copy of the MCS-150 form.

The USDOT number should be marked on your commercial motor vehicles as required by section 390.21 of the FMCSRs. A copy of this regulation is enclosed.

If you have any questions, need additional information or receive more than one of these letters referencing different USDOT numbers, please contact FMCSA's technical support at 1-800-832-5660 or your local FMCSA Division office at:

U.S. DEPARTMENT OF TRANSPORTATION  
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
LEO W. O'BRIEN FEDERAL BLDG, ROOM 742  
CLINTON AVENUE AND N. PEARL STREET  
ALBANY, NY 12207  
Telephone No.: 518-431-4145

(Over)

Name and Mailing Address / Nom et adresse postale

GRANDRIDGE CARRIERS INC.  
 O/A:  
 921 KATHARINE ST N RR1  
 WEST MONTROSE ON N0B2V0  
  
 ATTENTION:MARLIN GINGRICH

The CVOR Certificate or a copy must be surrendered on demand of a police officer. Not to do so is an offence.

Le certificat d'immatriculation IUVU ou une copie conforme de celui-ci doit être présentée à l'agent de police qui en fait la demande. Quiconque ne respecte pas cette directive commet une infraction.

Detach here / Détachez ic

			
Issued pursuant to the Highway Traffic Act / Délivré en vertu du Code de la route			
<b>Commercial Vehicle Operator's Registration Certificate                  Certificat d'immatriculation d'utilisateur de véhicule utilitaire</b>			
Commercial Vehicle Operator's Registration No. N° d'immatriculation d'utilisateur de véhicule utilitaire		<b>152-227-207</b>	
Name / Nom <b>GRANDRIDGE CARRIERS INC.</b>			
O/A			
Expiry Date / Date D'expiration		<b>Y/A</b> 2021	<b>M</b> 07
		<b>D/J</b> 06	

This certificate or a copy must be carried in each commercial motor vehicle being operated under the Commercial Vehicle Operator's Registration.

For a replacement, of a CVOR Certificate complete and submit a Commercial Vehicle Operator's Registration (CVOR) Replacement Application form. For corrections or information changes, complete and submit a Commercial Motor Vehicle Operator's Registration (CVOR) Update Application form. Application forms are to be submitted to: Ministry of Transportation, Carrier Sanctions & Investigation Office, 301 St. Paul St., 3rd floor, St. Catharines. ON L2R 7R4.

Pour le remplacement d'un certificat d'immatriculation IUVU, remplir et soumettre le formulaire de demande de remplacement d'un utilisateur de véhicule utilitaire (IUVU). Pour des corrections ou bien des demandes de mises à jour de l'information, remplir et soumettre un formulaire de demande de mise à jour d'un utilisateur de véhicule utilitaire (IUVU).

Les formulaires de demandes doivent être soumis au: Ministère du transport, Bureau de la sécurité des transporteurs et de l'application des lois, 301 rue St. Paul, 3ème étage, St. Catharines On L2R 7R4



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

400 7th Street SW  
Washington, DC 20590

**SERVICE DATE**  
June 24, 2005

**PERMIT**

**MC-526690-P**

**GRANDRIDGE CARRIERS INC  
WEST MONTROSE, ON, CD**

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

Angeli Sebastian, Chief  
Information Systems Division

**NOTE:** Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO



Quebec,

REGISTRATION IDENTIFICATION NUMBER (NIR) :

RATING : Satisfactory

REGISTRATION HOUR IN THE REGISTER :

**NOTICE OF REGISTRATION  
IN THE REGISTRE DES PROPRIÉTAIRES ET DES EXPLOITANTS  
DE VÉHICULES LOURDS**

You have filed with the Commission des transports du Québec an application to be registered in the "Registre des propriétaires et exploitants de véhicules lourds". Your application being in conformity, you will be registered from this day as long as your situation remains unchanged.

Your registration identification number (NIR) and the rating assigned to you are indicated above.

According to article 14 of the Act respecting the owners and operators of heavy vehicles, the Commission shall update, at least once a year, the information in the register. When the time comes the Commission will contact you to update your registration.

Article 13 of the same Act, requires that you notify the CTQ, within 30 days of any change in your name, address and, as the case may be, in the name and address of your administrators.

In the future, when you get in touch with the Commission, please refer to the above registration identification number (NIR) or your Québec business number (NBQ). If you need any further information, please do not hesitate to contact us.

Department of Operations

Québec  
200, Chemin Sainc-Foy  
Québec QC G1R 5V5  
Téléphone: (418)643-5694  
Sans frais: 1 888 461-2433  
www.ctq.gouv.qc.ca

Montréal  
545, boul. Crémazie Est, 10e étage  
Bureau 1000, Montréal QC H2M 2V1  
Téléphone: (514)873-6424  
Sans frais: 1 888 461-2433





Ministry of Finance  
33 King St W  
PO Box 625  
Oshawa ON L1H 8H9



IFT - aL072

Issue Date 20-Dec-2018

000013



GRANDRIDGE CARRIERS INC.  
ATTENTION: PRESTIGE TRANSPORTATION SERVICE  
RR 1  
ARTHUR ON NOG 1A0

Identification No. 007700002  
Reference No. L1486460096

### IFTA Licence & Decal Instructions - IFTA 451

International Fuel Tax Agreement (IFTA)

Attached below is your **Ontario IFTA Licence** which allows you to operate under the terms of the International Fuel Tax Agreement (IFTA).

Failure to carry a legible copy of the licence and to display the identification decals on both sides of the cab may subject the vehicle operator to a citation and require the purchase of a trip permit.

#### IFTA Licence

- The licence is valid from January 1 to December 31 of each year.
- Photocopy and place a legible copy of this licence in each qualified motor vehicle in your fleet.
- Retain the original licence with your IFTA business records.

#### IFTA Decals

- The decals are valid from January 1 to December 31 of each year.
- Two decals are enclosed for each qualified motor vehicle.
- The exterior portion of both sides of the cab must display a current decal.
- Manufacturers, dealers and transporters (including drive-away operators) of motor vehicles to which a permanent licence plate is not attached may temporarily display IFTA decals in a visible manner.

	<b>Ministry of Finance</b> 33 King St W PO Box 625 Oshawa ON L1H 8H9	<b>IFTA Licence - IFTA 451</b> <b>Permis de l'IFTA</b>	
International Fuel Tax Agreement Entente internationale concernant la taxe sur les carburants		Identification No. <i>N° d'identification</i>	ON007700002
Company Name   <i>Raison sociale de la compagnie</i>	GRANDRIDGE CARRIERS INC. 921 KATHERINE ST N RR 1 WEST MONTROSE ON NOB 2V0	Expiry Date <i>Date d'expiration</i>	31-Dec-2019
<p style="text-align: center;">A copy of this licence must be carried in each qualified motor vehicle.          Une copie de ce permis doit se trouver dans chaque véhicule admissible.</p>			

**Enquiries**

1 866 ONT-TAXS  
1 866 668-8297

Fax 1 866 888-3850

Teletypewriter (TTY)  
Internet

1 800 263-7776  
ontario.ca/finance