



Ontario


Ontario
Ministry
of Labour

Ministère du
Travail
de l'Ontario

Registration of Constructors and Employers Engaged in Construction *Inscription des constructeurs et des employeurs associés à des travaux de construction*

Pursuant to section 5 of the Construction Regulations made under the OHSA, "Before beginning work at a project, each constructor and employer engaged in construction shall complete an approved registration form. The constructor shall ensure that each employer at the project provides to the constructor a completed approved registration form; and a copy of the employer's completed form is kept at the project while the employer is working there."

Conformément à l'article 5 du règlement intitulé Construction Projects, pris en application de la Loi sur la santé et la sécurité au travail, «les constructeurs et les employeurs associés à des travaux de construction doivent remplir un formulaire officiel avant de commencer leurs travaux. Les constructeurs doivent veiller à ce que tous les employeurs associés au chantier lui remettent un formulaire d'inscription dûment rempli. Une copie du formulaire d'inscription des employeurs doit être gardée au chantier tant et aussi longtemps que les employeurs y travaillent.»

Nature of Business (check one) <i>Genre d'entreprise (cochez une case)</i>			
<input type="checkbox"/> Individual <i>Individuelle</i>	<input type="checkbox"/> Sole proprietorship <i>À propriétaire unique</i>	<input type="checkbox"/> Partnership <i>En nom collectif</i>	<input checked="" type="checkbox"/> Corporation <i>Société</i>
<input type="checkbox"/> Joint Venture <i>Coentreprise</i>			
Name and Full Address of Business / <i>Nom et adresse complète de l'entreprise</i>			
R-PE Surveying Ltd., 643 Chrislea Road, Suite 7, Woodbridge, Ontario L4L 8A3			
Telephone No.: <i>N° de téléphone</i> 416-635-5000		Fax: <i>N° de télécopieur</i> 416-635-5001	
Names of Corporations <i>Nom des sociétés</i>		Main Business Address <i>Adresse principale</i>	
1. R-PE Surveying Ltd.		643 Chrislea Road, Suite 7, Woodbridge, Ontario L4L 8A3	
Telephone No.: <i>N° de téléphone</i>		Fax: <i>N° de télécopieur</i>	
2.			
Telephone No.: 416-635-5000 <i>N° de téléphone</i>		Fax: 416-635-5001 <i>N° de télécopieur</i>	
Names of Directors & Principal Officers <i>Nom des directeurs et des principaux dirigeants</i>		Title <i>Titre</i>	Date Appointed <i>Date d'entrée en fonction</i>
1. Paul Edward		President	2009
Tirbhowan Singh		Secretary	2009
2. Youssef Wahba		Vice-President	2009
Average No. of Employees on Project <i>Nombre moyen d'employés sur le chantier</i> <input checked="" type="checkbox"/> 1 - 5 <input type="checkbox"/> 6 - 19 <input type="checkbox"/> 20 - 49 <input type="checkbox"/> 50 + / 50 et plus			
Master Business Licence No. <i>N° du permis principal d'entreprise (MCC)</i>	Retail Sales Tax No. <i>N° de taxe de vente au détail</i>	WSIB No. <i>N° de compte (CSPAAT)</i>	WSIB Rate No. <i>N° de groupe tarifaire (CSPAAT)</i>
	124572504RT0001	2406012	958
I hereby certify that the above information is correct / <i>J'atteste par la présente que les renseignements donnés plus haut sont exacts.</i>			
Position & Title President <i>Poste et titre</i>		Signature <i>Signature</i> 	Date Jan 1/19 <i>Date</i>

Employers are required to submit the completed form to the Constructor.
Les employeurs doivent remettre le formulaire dûment rempli au constructeur.

R-PE SURVEYING LTD
POLICY ON WORKPLACE VIOLENCE AND HARASSMENT

It is the policy of R-PE Surveying Ltd. (the "Company") that all employees be free from workplace violence and harassment.

It is expected that all employees will abide by this policy and will work to ensure that our workplace is free of violence and harassment in any form.

Workplace violence and harassment are occupational health and safety hazards.

Workplace Violence means:

- The exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker.
- An attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker.
- A statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Workplace Harassments means:

- Engaging in a course of vexatious comment or conduct against a worker in a workplace that is known or ought reasonably to be known to be unwelcome.

Workplace harassment may include bullying, intimidating or offensive jokes or innuendos, displaying or circulating offensive pictures or materials, or offensive or intimidating phone calls.

What to do if you are a victim of, or a witness to, any workplace violence or harassment:

Immediately contact your supervisor and/or the Human Resources Department Director to report the unwelcome behaviour or conduct. You will not be the subject to any discipline or reprisals for raising legitimate issues of workplace violence or harassment.

Certain employees have the right to refuse work where they believe that workplace violence is likely to endanger him/her, subject to certain limitations.

The Company will investigate all reported allegations of workplace violence and harassment. Confidentiality of the parties will be maintained, to the maximum extent possible. Any validated occurrence of workplace violence or harassment is grounds for disciplinary action, up to and including dismissal.

If you have any questions or require more details about the Company's Workplace Violence and Harassment Policy or its procedures, please contact your supervisor or the Human Resources Department Director.

Signed:  President/CEO

Date: January 1, 2019

Clearance Certificate / Certificat de décharge

Contractor Legal / Trade Name / Appellation commerciale ou raison sociale de l'entrepreneur	Contractor Address / Adresse de l'entrepreneur	Contractor Classification Unit and Description / Unité de classification de l'entrepreneur et description	Principal Legal / Trade Name / Appellation commerciale ou raison sociale de l'entrepreneur principal	Principal Address / Adresse de l'entrepreneur principal	Clearance certificate number / Numéro du certificat de décharge	Validity period (dd- mmm-yyyy) / Période de validité (jj/mm/aaaa)
RADY-PEN TEK & EDWARD SURVEYING LTD.	643 CHRISLEA RD SUITE 7, WOODBIDGE, ON, L4L8A3, CA	7759-001: Other Scientific and Technical Services	GOLDPARK (PINEVALLEY) INC.	3300 Highway # 7, Suite 400, Concord, ON, L4K 4M3, CAN	E200000FGHDW	11-Feb-2019 to 19- May-2019

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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS	
GOLDPARK (PINEVALLEY) INC.		R-PE Surveying Ltd.	
3300 Highway # 7, Suite 400		643 Chrislea Road, Suite 7	
Concord ON POSTAL CODE L4K 4M3		Woodbridge ON POSTAL CODE L4L 8A3	
3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)			

4.	COVERAGES
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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.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

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
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Novex Insurance Company 551463087	2018/02/26	2019/02/26	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	N/A 1,000 1,000 1,000	N/A 2,000,000 2,000,000 25,000 1,000,000 2,000,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Novex Insurance Company 551463087	2018/02/26	2019/02/26	NON OWNED AUTOMOBILE		2,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE		
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>	Novex Insurance Company 551463087	2018/02/26	2019/02/26	EACH OCCURRENCE AGGREGATE (blank)		8,000,000 (blank)
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Employers Liability <input type="checkbox"/> <input type="checkbox"/>	Novex Insurance Company 551463087	2018/02/26	2019/02/26			1,000,000

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail NIL 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.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)	
Arthur J. Gallagher Canada Limited		N/A	
120 South Town Centre Blvd.			
Markham	ON	POSTAL CODE	L6G1C3
BROKER CLIENT ID:			
8. CERTIFICATE AUTHORIZATION			
ISSUER Arthur J. Gallagher Canada Limited		CONTACT NUMBER(S)	
		TYPE Phone	NO. 905-905-2670
AUTHORIZED REPRESENTATIVE Laura Stewart		TYPE Fax	NO. 905-479-9164
SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Laura Stewart</i>		DATE 2019/02/11	EMAIL ADDRESS