

Fields marked with an asterisk (\*) are mandatory.

## Ministry of Labour

# **Registration of Constructors and Employers Engaged in Construction**

Pursuant to section 5 of the Regulation for Construction Projects made under the Occupational Health and Safety Act, "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."

Nature of Business (check one) *										
			orporation Partnership			Joint Venture				
Sole Propr	etor or Corpora	tion Name *							- De es Zu sanson	
Operating Name * DOWNSVIEW PLUMBING LIMITED									CONTRACT A CHARLE VARIABLE SOLL SOLL SOLL SOLL SOLL SOLL SOLL SO	
Legal Name SAME									Corporation Number	
Business A	ddress									
Unit Number	Street Number * 4299	* Street Name * QUEEN ST. E					Street Type Stre		Street Direction	
РО Вох	Rural Route	Rural Route City/Town * BRAMPTON			Province * ON				Postal Code * L6T 5V4	
Telephone N 905 794-1		Fax Number 905 794-1378		Email Address (if available)						
Business F	Registration Info	rmation		***						
Harmonized Sales Tax Number 101475887		WSIB Account Number 244807S		WSIB Rate Group Number 707 Mechanical and Sheet Metal Work						
Do you have	a clearance certific	ate? ✓ Yes 🗌 No	0	Certificate Number						
Project Info	rmation									
Average num	ber of employees	employed by your firm or	n the project	* 1	-5 [	6 - 19	2	0 - 49	]50+	
Project Loca	ition									
	ect have a street a	ddress? Yes	1	No						
	treet address Street Number	Street Name					5	Street Type	Street Direction	
City/Town Province ON			Province ON	Postal Code Wor			Workpl	orkplace Telephone Number		
Directions to	ot a street address the workplace: LEY FOREVE									
Lot and plan VARIOUS										

Acknowledgement *				
I confirm that I am authorized to complete this form. I hereby certify that the information provided is true and	correct to the best of my knowledge.			
Last name of person completing this form * First name of the person completing this form *				
QUATTROCIOCCHI	FRANK			
Title *	Date (yyyy/	mm/dd) *		
PRESIDENT	2019/05/2	29		
Email Address * frank@downsview.ca	<u> </u>			



FEDERATED INSURANCE COMPANY OF CANADA Head Office: 255 Commerce Drive, Winnipeg, MB Mailing Address: P.O. Box 5800, Winnipeg, MB R3C 3C9 Telephone: (204) 786-6431; In Quebec: (450) 687-8650

### CERTIFICATE OF INSURANCE

This Certificate is for information only; it is not a contract of insurance but attests that a policy as numbered herein (as it stands at the date of this Certificate) has been issued by the Company. Said policy is subject to change by endorsement and to assignment and cancellation in accordance with its terms.

### CERTIFICATE HOLDER

INSURED

DATE ISSUED: APR 29 2019

GOLDPARK (PINEVALLEY) INC. 3300 HWY #7, STE #400 CONCORD, ON L4K 4M3

DOWNSVIEW PLUMBING LIMITED 4299 QUEEN STREET EAST BRAMPTON, ON L6T 5V4

Is Certificate of Insurance required on renewal: Yes

## PROPERTY AND LIABILITY

Policy No.: 0147480.4

Effective Date: APR 29 2019

Expiry Date: DEC 01 2019

#### **GENERAL LIABILITY**

Occurrence Limit: \$1,000,000 General Aggregate Limit: \$2,000,000 Products Completed Operations Aggregate Limit: \$2,000,000 X COMMERCIAL GENERAL LIABILITY INCLUDING PRODUCTS & COMPLETED OPERATIONS X CROSS LIABILITY

#### **UMBRELLA LIABILITY**

Policy No.: 0147482.0

Effective Date: APR 29 2019

Expiry Date: DEC 01 2019

Occurrence Limit: \$19,000,000 Aggregate Limit: \$19,000,000 SELF-INSURED RETENTION: \$5000

Note: The Umbrella Policy is designed to provide higher limits for any General Liability or Automobile Liability Policy listed on this Certificate of Insurance. For example, if the General Liability occurrence limit is \$1,000,000 and the Umbrella Liability occurrence limit is \$9,000,000, the Insured has a total limit of \$10,000,000 for any single occurrence.

### **AUTOMOBILE LIABILITY**

Policy No.: 0147481.2

Effective Date: APR 29 2019

Expiry Date: DEC 01 2019

Limit: \$1,000,000 Type: STANDARD AUTO

## **AUTOMOBILE LIABILITY**

Policy No.: 0147483.9

Effective Date: APR 29 2019

Expiry Date: DEC 01 2019

Limit: \$1,000,000 Type: NON-OWNED AUTO

Special Provisions: The certificate holder listed above will be given 30 days written notice of cancellation.

SITE: PINE VALLEY FOREEVERGREEN, VAUGHAN, ON

This Certificate of Insurance neither affirmatively or negatively amends, extends or alters the coverage afforded by the above policy number(s).

Chief Executive Office



# eclearance

# **Clearance Certificate**

## Search results

Contractor Legal / Trade Name	Contractor Address	Contractor Classification Unit and Description	Clearance certificate number	Validity period (dd- mmm- yyyy)	Principal Legal / Trade Name	Principal Address
DOWNSVIEW PLUMBING LIMITED	4299 QUEEN ST EAST, BRAMPTON, ON, L6T5V4, CA	4241-099: Plumbing, Heating, and Air Conditioning, Installation	W200000G3NWZ	24-May- 2019 to 19-Aug- 2019	GoldPark (PineValley) Inc	3300 Hwy #7 Ste 400, Concord, ON, L4K 4M3, CAN

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