

CERTIFICATE OF 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 after the coverage afforded by the policies below.

| INSURED'S FULL NAME AND MAILING ADDRESS | BROKER'S FULL NAME AND ADDRESS |
|--|---|
| ALGOMA NURSE PRACTITIONER - LED CLINIC 443 NORTHERN AVENUE, SAULT STE MARIE, ON P6A 5L3 | Northern Insurance Brokers Limited 855 Queen Street East, Suite 200, Sault Ste Marie, ON P6A 2B3 |




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 requirement, term or condition 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 | COVERAGE BASIS | LIMIT TYPE | LIMIT OF LIABILITY | DEDUCTIBLE | INSURANCE COMPANY AND POLICY NUMBER Subscribing Companies as | EFFECTIVE DATE | EXPIRY DATE |
|-------------------|----------------|--|--------------------|------------|---|----------------|---------------|
| Property | | See Attached Supplementary Property Schedule | | | | | |
| Extra Expense | Occurrence | Occurrence | 250,000 | 2,500 | FC40847 | Mar. 31, 2022 | Mar. 31, 2023 |

| LOSS PAYEE NAME AND ADDRESS | DESCRIPTION OF OPERATIONS/ LOCATIONS/ AUTOMOBILES/ SPECIAL ITEMS |
|-----------------------------|---|
| TORONTO DOMINION BANK | As their interest may appear Loss Payee with respect to the following: -General Security -Line of Credit of \$36,000 |

| CERTIFICATE HOLDER - NAME AND MAILING ADDRESS | CANCELLATION | | | | | | | | |
|---|---|---------------|------|--|---------------|---------------------------|--|------------|--|
| TORONTO DOMINION BANK 421 Bay Street, Sault Ste Marie,, ON P6A 1X3 | <p>Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives.</p> <p>Cancellation Notice: 30 days</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center; vertical-align: bottom;">April 4, 2022</td> </tr> <tr> <td style="text-align: center;">Authorized Representative</td> <td></td> </tr> <tr> <td style="text-align: center;">Larry Ryan</td> <td></td> </tr> </table> | | Date |  | April 4, 2022 | Authorized Representative | | Larry Ryan | |
| | | Date | | | | | | | |
|  | | April 4, 2022 | | | | | | | |
| Authorized Representative | | | | | | | | | |
| Larry Ryan | | | | | | | | | |
| SUBSCRIBING COMPANIES ON BEHALF OF INTACT PUBLIC ENTITIES INC., AS MANAGING GENERAL AGENT: | A.M. BEST | | | | | | | | |
| Intact Insurance Company | "A" | | | | | | | | |
| Temple Insurance Company | "A+" | | | | | | | | |
| Underwriting at Lloyd's of London | "A" | | | | | | | | |
| Liberty Mutual Insurance Company (Property Only) | "A" | | | | | | | | |

SUPPLEMENTARY PROPERTY SCHEDULE

| TYPE | DESCRIPTION | COVERAGE TYPE | VALUATION | DEDUCTIBLE | LIMIT OF INSURANCE | EQ DEDUCTIBLE | FLOOD DEDUCTIBLE |
|----------|------------------------|---------------|-----------|------------|--------------------|-------------------------|---------------------------|
| Loc 1 | 443 NORTHERN AVENUE | | | | | | |
| Building | LEASEHOLD IMPROVEMENTS | All Risk | RC | 2,500 | 678,000 | 3% or MINIMUM \$100,000 | \$25,000 Ded. (no credit) |

| INSURED'S FULL NAME AND MAILING ADDRESS |
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| ALGOMA NURSE PRACTITIONER - LED CLINIC 443 NORTHERN AVENUE, SAULT STE MARIE, ON P6A 5L3 |

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COVERAGES

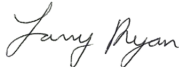
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance 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 | COVERAGE BASIS | LIMIT TYPE | LIMIT OF LIABILITY | DEDUCTIBLE | INSURANCE COMPANY AND POLICY NUMBER | EFFECTIVE DATE | EXPIRY DATE |
|--------------------------------------|----------------|-------------------|--------------------|------------|-------------------------------------|----------------|---------------|
| | | | | | Subscribing Companies as | | |
| Liability | | General Aggregate | Not Applicable | 1,000 | | | |
| Blanket Contractual | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Bodily Injury and Property Damage | Occurrence | Occurrence | 10,000,000 | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Cross Liability | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Employers Liability | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Malpractice Liability | Occurrence | Aggregate | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Malpractice Liability | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Medical Payments (Any One Person) | Occurrence | Occurrence | 10,000 | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Personal Injury | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Products and/or Completed Operations | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Tenants Legal Liability | Occurrence | Occurrence | Included | 5,000 | CP80727A | Mar. 31, 2022 | Mar. 31, 2023 |
| Non-Owned Automobile | | | | | | | |
| Hired Automobile (SEF 94) | Occurrence | Occurrence | 50,000 | 500 | CP80727C | Mar. 31, 2022 | Mar. 31, 2023 |
| Non-Owned Automobile | Occurrence | Occurrence | 10,000,000 | NIL | CP80727C | Mar. 31, 2022 | Mar. 31, 2023 |

| ADDITIONAL INSURED NAME AND ADDRESS | DESCRIPTION OF OPERATIONS/ LOCATIONS/ AUTOMOBILES/ SPECIAL ITEMS |
|---|--|
| SUDBURY DISTRICT NURSE PRACTITIONER CLINICS | Included as an Additional Insured(s) as per agreement(s) with the Named Insured With respect to their agreement with the Named Insured. |

| CERTIFICATE HOLDER - NAME AND MAILING ADDRESS | CANCELLATION |
|---|--|
| SUDBURY DISTRICT NURSE PRACTITIONER CLINICS | Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail written notice to the certificate holder named on the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its brokers or representatives. |

| SUBSCRIBING COMPANIES ON BEHALF OF INTACT PUBLIC ENTITIES INC., AS MANAGING GENERAL AGENT: | A.M. BEST | Cancellation Notice: 30 days |
|--|-----------|--|
| Intact Insurance Company | "A" |  Authorized Representative Larry Ryan |
| Temple Insurance Company | "A+" | |
| Underwriting at Lloyd's of London | "A" | |
| Liberty Mutual Insurance Company (Property Only) | "A" | |
| | | Date April 4, 2022 |

| INSURED'S FULL NAME AND MAILING ADDRESS |
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