



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	
The City of Santa Clara / c/o Insurance data services- Insurance Compliance		8540527 Canada Inc. & Niu Toilet	
PO BOX 100085-S2		833 Bériault Street	
DULUTH, GA 300096			
	POSTAL CODE	Longueuil	Quebec
			POSTAL CODE J4G 1X7

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

Assembly of a Comac brand automatic hand dryer and a Niu brand toilet
 Deductible for USA : \$2,500
 **** The waiver of subrogation, additional insured clauses, and 30-day notice period do not apply to the auto liability insurance policy

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.

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 type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Certains souscripteurs des Lloyd's - GLO0240488001	2025/07/15	2026/07/15	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE	\$1,000			
						- EACH OCCURRENCE		\$5,000,000
						PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		\$5,000,000
						<input type="checkbox"/> PERSONAL INJURY LIABILITY OR		
						<input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$5,000,000
						MEDICAL PAYMENTS		\$5,000
						TENANTS LEGAL LIABILITY	\$1,000	\$500,000
						POLLUTION LIABILITY EXTENSION		
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES	Certains souscripteurs des Lloyd's -	2025/07/15	2026/07/15	NON-OWNED AUTOMOBILES	\$1,000	\$2,000,000		
<input type="checkbox"/> HIRED AUTOMOBILES				HIRED AUTOMOBILES				
AUTOMOBILE LIABILITY	Aviva, compagnie d'assurance du Canada - 6941229806	2025/11/10	2026/11/10	BODILY INJURY AND PROPERTY DAMAGE COMBINED		\$2,000,000		
				BODILY INJURY (PER PERSON)				
				BODILY INJURY (PER ACCIDENT)				
				PROPERTY DAMAGE				
EXCESS LIABILITY				EACH OCCURRENCE				
				AGGREGATE				
OTHER LIABILITY (SPECIFY)								
<input type="checkbox"/>								
<input type="checkbox"/>								

5. CANCELLATION

In the event of termination of any of the aforementioned contracts prior to the specified expiry date, the insurer issuing the policy proposes to give the policyholder 30 days' written notice, but is not obliged to do so. Failure to give such notice shall release the Company, its agents or representatives from any obligation or liability whatsoever.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS		7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (Commercial General Liability- but only with respect to the operations of the Named Insured)	
Lussier 1350 rue Royale, bureau 1100		The City of Santa Clara / c/o Insurance data services- Insurance Compliance PO BOX 100085-S2 DULUTH, GA 300096	
Trois-Rivières	QC	POSTAL CODE G9A 4J4	
BROKER CLIENT ID: 8540CAN-01			POSTAL CODE

8. CERTIFICATE AUTHORIZATION			
ISSUER Lussier	AUTHORIZED REPRESENTATIVE Olivier Lahaie	CONTACT NUMBER(S) TYPE Téléphone NO. +1 (877) 587-7437 TYPE NO.	TYPE Télécopieur NO. (819) 379-8963 TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE February 11, 2026	EMAIL ADDRESS olahaie@lussier.co