

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Aurora, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder: P K PAINTING INC

Address of policyholder: 6 PICKEREL RIDGE BRAMPTON ON L6S 5E3

Location of operations: 6078 NETHERHART RD UNIT 1 MISSISSAUGA ON

Description of operations: PAINTING & DECORATING

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
90-KY-0557-0	Comprehensive Business Liability	08/23/06	08/23/07	BODILY INJURY AND PROPERTY DAMAGE	
90-KY-0557-0		08/23/06	08/23/07	Each Occurrence	\$ 5,000,000
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		General Aggregate	\$ 10,000,000
				Products - Completed Operations Aggregate	\$ 10,000,000
EXCESS LIABILITY		POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
<input type="checkbox"/> Umbrella		Effective Date	Expiration Date	Each Occurrence	\$
<input type="checkbox"/> Other				Aggregate	\$
Workers' Compensation and Employers Liability		POLICY PERIOD		Part I - Workers Compensation - Statutory	
		Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder
ADDITIONAL INSURED

KRAFT CANADA MISSISSAUGA MILL
27 REID DR
MISSISSAUGA, ONTARIO
L4M 2B1



Andrew J Heideman
Agent
2328 Kingsway Drive, 2nd Floor
Oakville, ON L6J 7M2
905 829 0018 Fax 905 829 5229

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 15 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Andrew J Heideman
Signature of Authorized Representative
ANDREW J HEIDEMAN 07/04/07
Date
AGENT

Agent Name
Telephone Number 905-829-0018

Agent's Code Stamp
Agent Code 1828
AFO Code F092