

| <b>CERTIFICATE OF INSURANCE</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | <b>ISSUE DATE</b>                 |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|
| 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.                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
| <b>INSURED'S FULL NAME AND MAILING ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                              |               |                           | <b>INSURANCE COMPANIES AFFORDING COVERAGE</b>                                                                                |                                   |                 |
| <b>Hi-Way 9 Express Ltd.</b><br>711 Elgin Close, PO Box 2020<br>Drumheller, AB T0J 0Y0                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                              |               |                           | CO. 1    Northbridge General Insurance Corporation<br>CO. 2<br>CO. 3<br>CO. 4                                                |                                   |                 |
| <b>CERTIFICATE HOLDER – NAME AND ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
| <b>TO WHOM IT MAY CONCERN</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                              |               |                           | <b>ATTN:</b> Insurance Dept.<br><b>FAX:</b><br><b>CC:</b>                                                                    |                                   |                 |
| <b>COVERAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
| THIS IS TO CERTIFY THAT THE POLICIES 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. |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
| CO #                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                            | POLICY NUMBER | EFFECTIVE DATE<br>(M/D/Y) | EXPIRY DATE<br>(M/D/Y)                                                                                                       | CANADIAN FUNDS                    |                 |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>GENERAL LIABILITY</b><br><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                                                                                                                                                             | CBC1957034    | May 31, 2025              | May 31, 2026                                                                                                                 | EACH OCCURRENCE                   | \$10,000,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | PRODUCTS-COMP/OPS AGGREGATE       | \$10,000,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | PERSONAL & ADVERTISING INJURY     | \$10,000,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | GENERAL AGGREGATE                 | \$13,000,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | EMPLOYERS LIABILITY               | \$10,000,000.00 |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>AUTOMOBILE LIABILITY</b><br><br><input type="checkbox"/> ANY AUTO<br><br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><br><input type="checkbox"/> SCHEDULED AUTOS<br><br><input type="checkbox"/> HIRED AUTOS<br><br><input type="checkbox"/> NON-OWNED AUTOS<br><br><input type="checkbox"/> GARAGE LIABILITY | P04181938     | May 31, 2025              | May 31, 2026                                                                                                                 | COMBINED SINGLE LIMIT             | \$10,000,000.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | BODILY INJURY<br>(Any one person) |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | BODILY INJURY<br>(Per accident)   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | PROPERTY DAMAGE                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>OTHER</b><br><input checked="" type="checkbox"/> CARGO                                                                                                                                                                                                                                                                    | P04181938     | May 31, 2025              | May 31, 2026                                                                                                                 | LIMIT                             | \$2,500,000.00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | CATASTROPHE LIMIT                 | \$2,500,000.00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              | DEDUCTIBLE                        | \$50,000.00     |
| <b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS</b><br>- SEF 21b Blanket Fleet Endorsement Included. SEF 27 Legal Liability for Damage to Non-Owned Tractors/Trailers limit \$250,000.00 subject to \$50,000.00 All Perils deductible.<br>-                                                                                                                                       |                                                                                                                                                                                                                                                                                                                              |               |                           |                                                                                                                              |                                   |                 |
| <b>PRODUCER</b><br><br><b>WESTLAND INSURANCE GROUP LTD.</b><br>25 Adelaide St E.<br>Suite 500 Toronto, ON M5C 3A1<br>Email: <a href="mailto:kcardella@westlandinsurance.ca">kcardella@westlandinsurance.ca</a><br>Tel: 416-306-6000<br>Fax: 416-214-9211                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                              |               |                           | <b>CANCELLATION</b>                                                                                                          |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |               |                           | <b>AUTHORIZED REPRESENTATIVE</b><br><br> |                                   |                 |