

EVIDENCE OF INSURANCE

<p>Company Name: To Whom It May Concern</p>	<p>Name of Insured: [REDACTED]</p> <p>Address: [REDACTED]</p>	<p>This Evidence of Insurance is issued as a matter of information only and confers no rights upon the recipient. This Evidence of Insurance does not amend, extend or alter the coverage afforded by the policy listed herein. Where an aggregate limit applies, the recipient of this document is advised that the limit shown may apply to projects or operations other than shown in this Evidence of Insurance and the Limit may be reduced by Claims/Expenses paid.</p>
--------------------------------------------------------	-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

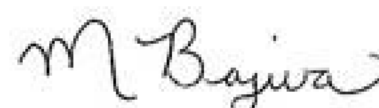
Date Issued: [REDACTED]

Schedule of Insurance

Description of Operations: Paramedic

Type of Liability	Company & Policy Number	Effective Date	Expiry Date	Limit (CDN\$)
Professional Liability (E&O)	Trisura Guarantee Insurance Company Policy No. [REDACTED] With Cert No. [REDACTED]	January 1, 2025	January 1, 2026	\$5,000,000 Per Claim \$10,000,000 Aggregate

Issued by PROLINK Insurance Inc.
150 King Street West, Suite 2401
Toronto, Ontario M5H 1J9
1-800-663-6828



Authorized Representative
PROLINK Insurance Inc.