



Insurance Corporation
of British Columbia
(the Corporation)

PLACE STAPLE HERE

Owner's Certificate of Insurance and Vehicle Licence

Transaction Timestamp 20220204092751

Owner's BC Driver's Licence Number

Owner
WELLS FARGO EQUIPMENT FINAN
(LESSOR)
HAP TRUCKING LTD.
(LESSEE)
7954 WEBSTER RD
DELTA BC V4G 1G6

Certificate Number 55.C2L
Effective Date 04Feb2022
Expiry Date 31Jan2023
Registration Number 12290381
Licence Plate Number 56813U
Decal Number 00346844
VIN 1GRAA0620HD469044
Fleet Number 726331
Unit Number 53214
Vehicle Inspection Decal FR71508
Vehicle Inspection Expiry 28Feb2023
NSC Number NOT*REQD
Transaction Type RENEW
Agency Number 63781
Document Number 36215PP4



Proof of Insurance

The owner and/or the operator of the vehicle described herein is insured against liability for bodily injury and property damage by reason of the operation of such vehicle. The coverage provided by this certificate also satisfies the minimum limits set out by the respective legislation governing vehicle insurance in any area of Canada and the USA.

This document is to be signed and carried in the insured vehicle as proof of insurance.

Vehicle Use Business or commercial use.

Declaration of Principal Driver Declaration of principal driver not permitted.

Principal Driver
Conditional
Factor

By signing here, you:

- apply for a Vehicle Licence and Registration under the Motor Vehicle Act or Commercial Transport Act, or for Registration under the Off-Road Vehicle Act;
- apply for an Owner's Certificate of Insurance under the Insurance (Vehicle) Act (the Act) and regulations pursuant to the Act (the Regulations);
- apply for optional insurance for which a premium is shown, in accordance with the terms and conditions of the ICBC Autoplan Optional Policy (the Optional Policy);
- if optional insurance is purchased, accept delivery of a copy of the Optional Policy by viewing it at www.icbc.com/optionalpolicy, or acknowledge receipt of a copy of the Optional Policy;
- certify that the driver is correct for all new plate, renewal transactions, and for adding or removing drivers;
- certify that coverage, use, territory and where applicable, location address are correct;
- acknowledge that the description of vehicle use set out is a summary of permitted uses in the indicated rate class and that complete details are available to you from your Autoplan agent or ICBC;
- certify that the vehicle is not currently required to be registered and licensed in another jurisdiction;
- certify that you, if under 18 years of age, have the consent of a parent or (legal) guardian to license and register this vehicle;
- certify that all information on all pages of this form is true and agree that you are responsible for any inaccuracies on any page or pages of this form.

Under section 75 of the Insurance (Vehicle) Act, your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary. For full information, see section 75 of the Insurance (Vehicle) Act.

If the lessee signs this form, the lessee agrees to be jointly and severally liable with the lessor for all premium or premium-related debt.

NOT VALID UNLESS STAMPED BY
AUTHORIZED ISSUING OFFICE

63781

FEB 04 2022

Customer Copy
Signature(s) Not Required

SIGNATURE OF OWNER

Customer Copy
Signature(s) Not Required

SIGNATURE OF OWNER



Insurance Corporation
of British Columbia
(the Corporation)

Registered Owner
WELLS FARGO EQUIPMENT FINAN
(LESSOR)
HAP TRUCKING LTD.
(LESSEE)
7954 WEBSTER RD
DELTA BC V4G 1G6

Number of Owners 1

This Certificate must be carried in the vehicle. This Certificate must be signed by the owner as seller if the vehicle is sold.

When you sell the vehicle, the buyer must take the Registration and submit it with an application for transfer within 10 days of the purchase. Contact your Autoplan agent for details.

SIGNATURE OF OWNER

SIGNATURE OF OWNER

Vehicle Registration

Registration Number 12290381
Licence Plate Number 56813U
Year 2017
Make Great dane
Model
Body Style VanTrailerHeavy
VIC ADGPF3
Colour White
VIN 1GRAA0620HD469044
Fuel Type
Net Weight (kg)
GVW (kg)/Disp. (cc) COMTLR
Seating Capacity
Vehicle Type COMMERCIAL TRAILER
Anti-Theft Device
Vehicle Status NORMAL
Import Code
Right-Hand Drive NO
ORV NO



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Owner's Certificate of Insurance and Vehicle Licence

Transaction Timestamp 20220204092751

Owner **WELLS FARGO EQUIPMENT FINAN
(LESSOR)
HAP TRUCKING LTD.**

Certificate No. **55.C2L**
Plate No. **56813U**

Effective Date **04Feb2022**
Expiry Date **31Jan2023**

For complete details about your territory contact your Autoplan agent or ICBC.

Coverages, Fees and Premiums

Coverages

			Your Cost
Basic As per the Act and the Regulations	Territory Z Rate Class 513	Fleetplan Discount 58%	\$102
Third Party Liability (Insurance (Vehicle) Regulation, Part 6) (Optional Policy, Division 4)	Limit \$5,000,000		\$102
Collision (Optional Policy, Division 5)	Deductible \$500	Declared Value \$30,000.00	\$1,288
Comprehensive (Optional Policy, Division 5)	Deductible \$300**	Declared Value \$30,000.00	\$202
Loss of Use (Optional Policy, Division 5)	Daily Limit \$100	Total Limit \$2000	\$50
Annual Insurance Total			\$1,744

** Comprehensive coverage with a \$300 deductible includes a \$200 deductible for any claim for windshield damage caused by missiles or flying objects.

For trailers - Combined Driver Factors and Fleetplan discounts or surcharges do not apply to Basic and Third Party Liability premiums.

Customer Copy
Signature(s) Not Required
SIGNATURE OF CUSTOMER

Customer Copy
Signature(s) Not Required
SIGNATURE OF CUSTOMER

Customer Copy
Signature(s) Not Required
SIGNATURE OF AGENT

Your annual insurance costs include the following savings:
- Fleetplan Discount

Prorated Premium \$1,730.00
Prorated Licence Fee \$32.00

Agent Comments
COV DV CONF.

Total Amount Due \$1,762.00

Applicable Tax Situation GST only paid to seller
Seller GST Number 893623934
Exemption Type Other (CTB approval only)



FINAL INSPECTION CONFIRMATION NUMBER
16003458

DECAL NUMBER
FR71508

DECAL EXPIRY DATE
28 FEB 2023

INSPECTION RESULT: Pass
INSPECTION TYPE: Complete
REASON FOR INSPECTION: Annual
COLLISION REPAIR FACILITY:

WORK ORDER #
INSPECTION START DATE 04 FEB 2022 06:15
INSPECTION COMPLETE DATE 04 FEB 2022 08:00

REASON NOTE:
TECHNICIAN NAME:
PHONE #:

INSPECTOR'S NUMBER: 201923
INSPECTOR'S NAME: SIDHU, PAWANPREET
LICENCE EXPIRY DATE: 30-APR-2022
FACILITY NUMBER: S11850
FACILITY NAME: METRO TRUCK AND TRAILER REPAIR
INSPECTION CLASS: 3 - Trailer and semi-trailer

OWNER/LESSEE: HAP TRUCKING LTD.
ADDRESS: 7954 WEBSTER RD
CITY: Delta **PROV:** BC **POSTAL CODE:** V4G1G6
REGISTRATION #: 12290381 **VEH. JURISDICTION:** BC **PLATE:** 56813U
YEAR: 2017 **MAKE:** GREAT DANE **MODEL:**
BODY STYLE: VAN **VIN:** 1GRAA0620HD469044
ODOMETER: KM **FUEL TYPE:**
UNIT/FLEET #: 53214 **BRAKE TYPE:** Air

"F" Failed "R" Repaired Same Day "P" Passed "PC" Passed With Caution "O" Out Of Service "NA" Not Applicable

	F	R	P	PC	O	NA		F	R	P	PC	O	NA
Section 1 - Power Train						<input checked="" type="checkbox"/>	Pressure Fuel						
							Liquid Propane Gas						<input checked="" type="checkbox"/>
							Compressed Natural Gas						<input checked="" type="checkbox"/>
Section 2 - Suspension			<input checked="" type="checkbox"/>				Pressure Fuel Inspector's Name & Number						
Section 3 - Hydraulic Brakes						<input checked="" type="checkbox"/>	Air Brake Chamber Type, Size and Push Rod Stroke Measurement (mm)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Clamp Clamp						
							Size: 30 30						
Section 3A - Air Brakes			<input checked="" type="checkbox"/>				Slack: Auto Auto						
							Left: 35 35						
							Right: 35 36						
Section 4 - Steering						<input checked="" type="checkbox"/>	Comments:						
Section 5 - Instruments, Auxiliary Equipment						<input checked="" type="checkbox"/>	Air Brake Camshaft Rotation Measurement (degrees)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Left: 85 74						
							Right: 90 95						
							Comments:						
Section 6 - Lamps			<input checked="" type="checkbox"/>				Brake Lining/Pad Measurement (mm)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Lining (S Lining (S						
							Left: 13 15						
							Right: 12 12						
							Comments:						
Section 7 - Electrical System			<input checked="" type="checkbox"/>				Rotor/Drum Measurement (mm)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Drum Drum						
							Left: 0 0						
							Right: 0 0						
							Comments: 1 - DUST SHIELDS REMOVED; 2 - DUST SHIELDS REMOVED						
Section 8 - Body & Frame			<input checked="" type="checkbox"/>										
Section 9 - Tires & Wheels AXLE 2 BOTH SIDE TIRES REPLACED			<input checked="" type="checkbox"/>										
Section 10 - Couplers & Hitches			<input checked="" type="checkbox"/>										
Section 11 - Other Vehicle Components						<input checked="" type="checkbox"/>							
General Inspection Comments:													

Inspector's Name **SIDHU, PAWANPREET**

Signature

The Inspector's signature above is certification that this vehicle has been inspected to the requirements of the Motor Vehicle Act and Regulations.

NOTICE: KEEP THIS VEHICLE INSPECTION REPORT WITH VEHICLE REGISTRATION

The personal information collected on this form is collected under the authority of section 216 of the Motor Vehicle Act and Division 25 of the Motor Vehicle Act Regulations. It is collected for the purpose of processing this vehicle inspection and for generally administering the Vehicle Inspection Program and the National Safety Code (e.g. regulating carriers, authorized inspectors, and designated inspection facilities). If you have any questions about the collection of this information, you may contact the Sr. Manager, NSC/VIP at the Commercial Vehicle Safety Enforcement Branch, by writing to P.O. Box 9250, Stn Prov. Gov't, Victoria, BC V8W 9J2, by e-mailing to vehicle.inspections@gov.bc.ca or calling 250-952-0577.