

PLACE STAPLE HERE



Insurance Corporation of British Columbia

(the Corporation)

Owner's Certificate of Insurance and Vehicle Licence

Transaction Timestamp 20210111103256

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.DCH
Effective Date 01Feb2021
Expiry Date 31Jan2022
Registration Number 12779265
Licence Plate Number 83785U
Decal Number 00379031
VIN 1UYV5253XEG764307
Fleet Number 726331
Unit Number 53234
Vehicle Inspection Decal FL38060
Vehicle Inspection Expiry 30Sep2021
NSC Number NOT*REQD
Transaction Type RENEW
Agency Number 63781
Document Number 29067YPY



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 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;
• apply for an Owner's Certificate of Insurance under the Insurance (Vehicle) Act and Regulation (the Regulation);
• 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

JAN 11 2021

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)

Vehicle Registration

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.

Registration Number 12779265
Licence Plate Number 83785U
Year 2014
Make Utility
Model
Body Style VanTrailerHeavy
VIC LN5PFE
Colour White
VIN 1UYV5253XEG764307
Fuel Type
Net Weight (kg)
GVW (kg)/Disp. (cc) COMTLR
Seating Capacity
Vehicle Type COMMERCIAL TRAILER
Anti-Theft Device
Vehicle Status NORMAL
Import Code CANADIAN IMPORT
Right-Hand Drive NO
ORV NO

SIGNATURE OF OWNER

SIGNATURE OF OWNER



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

Certificate No. 55.DCH
Plate No. 83785U

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

Coverages, Fees and Premiums

Coverages			Your Cost
Basic As per Insurance (Vehicle) Act and Regulation	Territory Z Rate Class 513	Fleetplan Discount 58%	\$119
Third Party Liability (Regulation, Part 6) (Optional Policy, Division 4)	Limit \$5,000,000		\$102
Collision (Optional Policy, Division 5)	Deductible \$500	Declared Value \$35,000.00	\$1,598
Comprehensive (Optional Policy, Division 5)	Deductible \$300**	Declared Value \$35,000.00	\$230
Loss of Use (Optional Policy, Division 5)	Daily Limit \$100	Total Limit \$2000	\$50

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

Annual Insurance Total \$2,099

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	Customer Copy Signature(s) Not Required	Customer Copy Signature(s) Not Required
_____ SIGNATURE OF CUSTOMER	_____ SIGNATURE OF CUSTOMER	_____ SIGNATURE OF AGENT

Your annual insurance costs include the following savings:

- Fleetplan Discount

Annual Licence Fee \$32.00

Agent Comments
COV D/V CONF.

Total Amount Due \$2,131.00

Applicable Tax Situation PST paid to seller (registrant)
Seller PST Number 1000-2151



**FINAL INSPECTION
CONFIRMATION NUMBER**
15732087

**DECAL
NUMBER**
FO33657

DECAL EXPIRY DATE
31 OCT 2022

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

WORK ORDER #: **002056** INSPECTION START DATE: **06 OCT 2021 19:00** INSPECTION COMPLETE DATE: **06 OCT 2021 23:30**

REASON NOTE:
TECHNICIAN NAME: PHONE #:

INSPECTOR'S NUMBER: **203200**
INSPECTOR'S NAME: **SINGH, TAJINDER**
LICENCE EXPIRY DATE: **31-MAR-2023**
FACILITY NUMBER: **S11850**
FACILITY NAME: **METRO TRUCK AND
TRAILER REPAIR**
INSPECTION CLASS: **3 - Trailer and semi-trailer**

OWNER/
LESSEE: **WELLS FARGO FINANCIAL(LESSOR) HAP TRUCKING LTD**
ADDRESS: **7954 WEBSTER RD**
CITY: **Delta** PROV: **BC** POSTAL CODE: **V4G1G6**
REGISTRATION #: **12779265** VEH. JURISDICTION: **BC** PLATE: **83785U**
YEAR: **2014** MAKE: **UTILITY** MODEL:
BODY STYLE: **VAN** VIN: **1UYVS253XEG764307**
ODOMETER: **KM** FUEL TYPE:
UNIT/FLEET #: **53234** 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)						
Section 3A - Air Brakes			<input checked="" type="checkbox"/>				Axle # 1 2 3 4 5 6 7 8 9						
Section 4 - Steering						<input checked="" type="checkbox"/>	Type: Clamp Clamp						
Section 5 - Instruments, Auxillary Equipment						<input checked="" type="checkbox"/>	Size: 30 30						
Section 6 - Lamps			<input checked="" type="checkbox"/>				Slack: Auto Auto						
Section 7 - Electrical System FIXED ABS		<input checked="" type="checkbox"/>					Left: 36 36						
Section 8 - Body & Frame			<input checked="" type="checkbox"/>				Right: 36 36						
Section 9 - Tires & Wheels			<input checked="" type="checkbox"/>				Comments:						
Section 10 - Couplers & Hitches			<input checked="" type="checkbox"/>										
Section 11 - Other Vehicle Components						<input checked="" type="checkbox"/>	Air Brake Camshaft Rotation Measurement (degrees)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Left: 70 70						
							Right: 75 75						
							Comments:						
							Brake Lining/Pad Measurement (mm)						
							Axle # 1 2 3 4 5 6 7 8 9						
							Type: Lining (S Lining (S						
							Left: 14 13						
							Right: 14 12						
							Comments:						
							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						
General Inspection Comments:													

Inspector's Name **SINGH, TAJINDER**

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 8250, Stn Prov. Gov't, Victoria, BC V8W 8J2, by e-mailing to vehicle.inspections@gov.bc.ca or calling 250-952-0577.