CSIO

CERTIFICATE OF LIABILITY INSURANCE

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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	**2. INSURED'S FULL NAME AND MAILING ADDRESS**
Capital Concierge	Carleton Condominium Corporation #886
361 - 900 Greenbank Road	361 - 900 Greenbank Road
Ottawa, ON	
POSTAL CODE K2J 4P6	Ottawa, ON POSTAL CODE K2J 4P6

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

27 Unit Condominium Corporation

Location: 390 Booth Street, Ottawa, ON K1R 7K6

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions 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.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE OR ☑ OCCURRENCE ☑ PRODUCTS AND / OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☑ CROSS LIABILITY ☑ TENANTS LEGAL LIABILITY ☐ POLLUTION LIABILITY EXTENSION	Gore Mutual 9017476	2017/08/08	2018/08/08	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		$5,000,000
				- EACH OCCURRENCE		$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		$5,000,000
				☑ PERSONAL INJURY LIABILITY OR ☐ PERSONAL AND ADVERTISING INJURY LIABILITY		$5,000,000
				MEDICAL PAYMENTS		$25,000
				TENANTS LEGAL LIABILITY		$500,000
				POLLUTION LIABILITY EXTENSION		
☑ NON-OWNED AUTOMOBILES ☐ HIRED AUTOMOBILES	Gore Mutual 9017476	2017/08/08	2018/08/08	NON OWNED AUTOMOBILE		$5,000,000
AUTOMOBILE LIABILITY ☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOMOBILES ☐ LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
EXCESS LIABILITY ☐ UMBRELLA FORM ☐				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) ☑ Directors and Officers	Gore Mutual 9017476	2017/08/08	2018/08/08			$3,000,000
☐						
☐						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	**7. ADDITIONAL INSURED NAME AND MAILING ADDRESS** (but only with respect to the operations of the Named Insured)
Craig McDonald Reddon Insurance Brokers	
467 10th Street	
Hanover, ON	
POSTAL CODE N4N 1R3	
BROKER CLIENT ID:	POSTAL CODE

8. CERTIFICATE AUTHORIZATION

ISSUER CMR Insurance	CONTACT NUMBER(S) TYPE Office NO. (519) 364-3540 TYPE NO. TYPE NO. TYPE NO.
AUTHORIZED REPRESENTATIVE Dave Eccles, CAIB	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2017/05/29 EMAIL ADDRESS deccles@cmrinsurance.com

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CSIO

CERTIFICATE OF PROPERTY INSURANCE

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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Capital Concierge	Carleton Condominium Corporation #886
361-900 Greenbank Road	361-900 Greenbank Road
Ottawa, ON	Ottawa, ON
POSTAL CODE K2J 4P6	POSTAL CODE K2J 4P6

3. LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES

Residential Condominium Owner

Location: 390 Booth Street, Ottawa, ON K1R 7K6

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions 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.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF INSURANCE (Canadian dollars unless indicated otherwise)		
				COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE
☑ PROPERTY ☐ NAMED PERILS ☑ BROAD FORM ☑ CO-INSURANCE % 90 ☐ STATED AMOUNT ☐ MARGIN CLAUSE %	Gore 9017476	2017/08/08	2018/08/08	☐ P.O.E.D ☐ RC ☐ ACV		
				☑ BUILDING ☑ RC ☐ ACV	2,500	$11,592,741
				☐ EQUIPMENT ☐ RC ☐ ACV		
				☐ STOCK ☐ RC ☐ ACV		
				☐ C.O.E.D ☐ RC ☐ ACV		
				☐ BUSINESS INCOME		
				☐ EXTRA EXPENSE		
				☐ RENTAL INCOME		
				☑ EARTHQUAKE	5% or 50,000	
				☑ FLOOD	25,000	
				☑ SEWER BACKUP	2,500	
☐ INLAND MARINE ☐ NAMED PERILS ☐ BROAD FORM ☐ ACTUAL CASH VALUE ☐ REPLACEMENT COST				☐ CONTRACTOR'S EQUIPMENT		
				☐ CARGO		
				☐		
				☐		
☑ BOILER & MACHINERY/ EQUIPMENT BREAKDOWN OPTION #	Gore 9017476	2017/08/08	2018/08/08		2,500	$11,592,741

5. ADDITIONAL INFORMATION

6. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail _____ days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

7. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	8. INTERESTED PARTY NAME AND MAILING ADDRESS
Craig McDonald Reddon	
467 10th Street, Suite 200	
Hanover, ON	
POSTAL CODE N4N 1R3	POSTAL CODE
BROKER CLIENT ID:	NATURE OF INTEREST:

9. CERTIFICATE AUTHORIZATION

ISSUER CMR Insurance

CONTACT INFORMATION
TYPE Office NO. (519) 364-3540 TYPE NO.

AUTHORIZED REPRESENTATIVE Dave Eccles, CAIB

EMAIL ADDRESS deccles@cmrinsurance.com

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE 2017/05/29

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