

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 or alter the coverage afforded by the policies below.

More than Insurance - relationships matter.

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS				INSURED'S FULL NAME AND MAILING ADDRESS				
Capital Integral Property Management				Carleton Condominium Corporation #976				
904 Lady Ellen Place				904 Lady Ellen Place				
Ottawa, ON				Ottawa, ON				
K1Z 5L5				K1Z 5L5				
LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES								
Residential Condominium Corporation								
Location: 300 Lett Street, Ottawa, ON K1R 0A8								
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 requirement, term or condition of any contract or other document with respect to which this certificate may be issued or 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 & POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF INSURANCE Canadian \$ unless indicated otherwise				
				COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE		
<input checked="" type="checkbox"/> Property <input checked="" type="checkbox"/> Broad Form <input type="checkbox"/> Named Perils <input checked="" type="checkbox"/> Co-Insurance % <u>90</u> <input type="checkbox"/> Stated Amount <input type="checkbox"/> Margin Clause % _____	Intact 501398363	10/06/2018	10/06/2019	<input type="checkbox"/> P.O.E.D.	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input checked="" type="checkbox"/> Building	<input checked="" type="checkbox"/> RC	<input type="checkbox"/> ACV	5,000	32,781,810
				<input type="checkbox"/> Equipment	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Stock	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> C.O.E.D.	<input type="checkbox"/> RC	<input type="checkbox"/> ACV		
				<input type="checkbox"/> Business Income				
				<input type="checkbox"/> Extra Expense				
				<input type="checkbox"/> Rental Income				
				<input checked="" type="checkbox"/> Earthquake			3% / 100,000	
				<input checked="" type="checkbox"/> Flood			50,000	
<input checked="" type="checkbox"/> Sewer Back-up			5,000					
<input type="checkbox"/> Inland Marine <input type="checkbox"/> Named Perils <input type="checkbox"/> Broad Form <input type="checkbox"/> Actual Cash Value <input type="checkbox"/> Replacement Cost				<input type="checkbox"/> Contractor's Equipment				
				<input type="checkbox"/> Cargo _____				
				<input checked="" type="checkbox"/> Water Damage Deductible	15,000			
				<input type="checkbox"/>				
<input checked="" type="checkbox"/> Boiler & Machinery/ Equipment Breakdown	Intact - 501398363	10/06/2018	10/06/2019		5,000	32,781,810		
<input type="checkbox"/>								
ADDITIONAL INFORMATION								
CANCELLATION								
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.								
BROKERAGE FULL NAME & MAILING ADDRESS				INTERESTED PARTY NAME & MAILING ADDRESS				
Craig McDonald Reddon Insurance Brokers Ltd.								
467 10th Street, Suite 200								
Hanover, ON								
N4N 1R3				NATURE OF INTEREST:				
CERTIFICATE AUTHORIZATION								
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME:	Dave Eccles, CAIB		DATE (MM/DD/YY) 09/20/2018				
	EMAIL ADDRESS:	deccles@cmrinsurance.com						
	PHONE:	519-364-3540						
	FAX:	519-364-7209						

CERTIFICATE OF 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.

More than Insurance - relationships matter.

CERTIFICATE HOLDER – NAME AND MAILING ADDRESS		INSURED'S FULL NAME AND MAILING ADDRESS			
Capital Integral Property Management		Carleton Condominium Corporation #976			
904 Lady Ellen Place		904 Lady Ellen Place			
Ottawa, ON		Ottawa, ON			
K1Z 5L5		K1Z 5L5			
DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES					
Residential Condominium Corporation					
Location: 300 Lett Street, Ottawa, ON K1R 0A8					
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 requirement, term or condition of any contract or other document with respect to which this certificate may be issued or 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 & POLICY NUMBER	EFFECTIVE DATE MM/DD/YY	EXPIRY DATE MM/DD/YY	LIMITS OF LIABILITY Canadian \$ unless indicated otherwise	
COMMERCIAL GENERAL LIABILITY	Intact 501398363	10/06/2018	10/06/2019	Each Occurrence	
<input checked="" type="checkbox"/> Claims Made				General Aggregate	
<input type="checkbox"/> Occurrence				Products & Completed Operations	15,000
<input checked="" type="checkbox"/> Products and/or Completed Operations				Personal Injury	
<input checked="" type="checkbox"/> Employer's Liability				Tenants Legal Liability	
<input type="checkbox"/> Cross Liability					Intact - 501398363
<input checked="" type="checkbox"/> Tenants Legal Liability					
NON-OWNED AUTO LIABILITY	Intact 501398363	10/06/2018	10/06/2019	Non-Owned Auto	10/06/2019
<input type="checkbox"/> Non-Owned Automobiles				Hired Auto	5,000
<input type="checkbox"/> Damage to Hired Autos					
AUTOMOBILE LIABILITY				Bodily Injury & Property Damage Combined	32,781,810
<input type="checkbox"/> Described Automobiles				Bodily Injury (Per Person)	
<input type="checkbox"/> All Owned Autos				Bodily Injury (Per Accident)	
<input type="checkbox"/> Leased Automobiles *				Property Damage	
<input checked="" type="checkbox"/> *All automobiles leased in excess of 30 days where the insured is required to provide insurance.					
EXCESS LIABILITY		5,000	32,781,810	Each Occurrence	
<input type="checkbox"/> Umbrella or Excess Form				Aggregate	
<input checked="" type="checkbox"/> Other _____					
OTHER LIABILITY (SPECIFY)					5,000,000
<input type="checkbox"/> Condo Corp. Directors & Officers					
<input type="checkbox"/>					
<input type="checkbox"/>					
CANCELLATION					
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail <u>30</u> days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.					
BROKER'S FULL NAME & MAILING ADDRESS			ADDITIONAL INSURED NAME & MAILING ADDRESS (Commercial General Liability – but only with respect to the operations of the Named Insured)		
Craig McDonald Reddon Insurance Brokers Ltd.					
467 10th Street, Suite 200					
Hanover, ON N4N 1R3					
CERTIFICATE AUTHORIZATION					
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME:	Dave Eccles, CAIB		DATE (MM/DD/YY) 09/20/2018	
	EMAIL ADDRESS:	deccles@cmrinsurance.com			
	PHONE:	519-364-3540			
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