



A Better Place For You®

Co-operators General Insurance Company (hereinafter called the insurer)

COMMERCIAL PREMIUM NOTICE/OFFER TO RENEW

RETAIN THIS PORTION FOR YOUR RECORDS

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(AGENT'S COPY)

YOUR AGENT/SERVICE OFFICE IS
SUNSHINE COAST INS SERVIC 23160
 (604)886-8787
 101-985 GIBSONS WAY
 GIBSONS BC VON 1V8
 MAIL TO

POLICY NUMBER
006423428

RENEWAL PERIOD
 From **11 APR 2017** To **11 APR 2018**
 Day/Month/Year Day/Month/Year

All Times Are Local Times At The Insured's Postal Address

**TONY BROWTON AND PAUL
 HALDANE O/A THE NOVA KITCHEN
 546 GIBSONS WAY**

**YOUR POLICY EXPIRES ON 11 APR 2017 12:01 A.M. LOCAL
 TIME. IF YOUR PAYMENT IS RECEIVED BY 11 APR 2017
 YOUR POLICY WILL BE RENEWED FOR THE PERIOD SPECIFIED.**

**GIBSONS BC
 VON 1V9**

NAMED INSURED(S)
TONY BROWTON AND PAUL HALDANE O/A THE NOVA KITCHEN



COVERAGE SUMMARY	RIDER #	% CO-IN	\$ DEDUCTIBLE	\$ LIMIT	RATE	\$ PREMIUM
INSURED LOCATION: - 546 GIBSONS WAY GIBSONS						
PROPERTY						
INSURING AGREEMENTS & EXCLUSIONS FORM NO. AB						
APPLICABLE TO ALL COVERAGES OF THIS PROPERTY SECTION						
STOCK	B-1	90	1000	10,000	1.339	134.00
EQUIPMENT	B-1	90	1000	15,000	1.101	165.00
REPLACEMENT COST	AB-11			INCLUDED		
COMMERCIAL ADVANTAGE ENDORSEMENT	B-1(9)	90	1000	250,000		100.00
EARTHQUAKE	AB-10	90				12.00
10% EARTHQUAKE DEDUCTIBLE CLAUSE	CGE10			INCLUDED		
SEWER BACK UP	B-1(J)	90	2500			55.00
BOILER						
EQUIPMENT BREAKDOWN INSURANCE	F-10		1000	25,000		75.00
TOTAL PREMIUM - THIS LOCATION:						541.00
LIABILITY						
COMMERCIAL GENERAL LIABILITY	D-1					
BODILY INJURY & PROPERTY DAMAGE	COV A		1000	2,000,000		1716.00
AGGREGATE LIMIT 2,000,000						
PERSONAL INJURY	COV B			2,000,000		INCLUDED
MEDICAL EXPENSES	COV C			10,000		INCLUDED
TENANTS LEGAL LIABILITY	COV D		1000	250,000		INCLUDED
DESIGNATED PREMISES LIMITATION	D-1(B)			INCLUDED		
NON STACKING OF LIMITS	D-1(22)			INCLUDED		
LIQUOR LIABILITY ENDORSEMENT	D-1(16)			2,000,000		INCLUDED
NON-OWNED AUTO	D-6			250,000		INCLUDED
CONTRACTUAL LIABILITY	SEF96			INCLUDED		
EXCLUDING LONG TERM LEASED VEHIC	SEF99			INCLUDED		
PREMIUM FOR LIABILITY:						1716.00
MINIMUM RETAINED PREMIUM: \$ 350						\$ 2257.00
TOTAL PREMIUM						
PAY PLAN - DO NOT REMIT						

IF PAYMENT IS RECEIVED BY THE DATE SPECIFIED ABOVE THIS POLICY IS RENEWED IN THE AMOUNTS STATED ABOVE AND SUBJECT TO THE SAME TERMS AND CONDITIONS AS THE ORIGINAL CONTRACT AND ANY AMENDMENTS THERETO

SIGNATURE OF AUTHORIZED REPRESENTATIVE
[Signature] SECRETARY