Intercon Insurance Services Limited Suite 700 889 West Pender St. Vancouver, B.C. Canada V6C 3B2 Telephone (604) 228-1191 (800) 816-7616 Fax (604) 228-1613



#### **ADVICE OF INSURANCE**

DATED: February 25, 2015

Cover Note: C2015-048

NAME & ADDRESS OF INSURED:

The Owners of Strata Plan BCS4010 c/o Dynamic Property Management Ltd.

37885 2<sup>nd</sup> Avenue

Squamish, BC, V8B 0R2

(As is now or may hereafter be constituted)

**EFFECTIVE:** February 28<sup>th</sup>, 2015

**EXPIRING:** February 28<sup>th</sup>, 2016

POLICY IS SUBJECT TO A PROVISIONAL PREMIUM OF: \$16,207.00. (Direct Bill)

### **INSURANCE COVERAGE AND LIMITS:**

# **Property & Equipment Breakdown Insurance:**

\$5,530,000.

Property of Every Description

Coverage:

All Risks + Earthquake + Flood + Sewer Back Up

Extensions:

As Intact Commercial Edge Express Plus Policy form

Deductible:

\$ 1,000. Except

Except

\$,25,000. Flood

\$ 5,000. Water Damage & Drain or Sewer Back Up

10% Earthquake

Settlement:

Replacement Cost Value + By-laws & Codes

Co-Insurance:

Stated Amount Co-Insurance

Loss Payable:

The Insured/Order

#### **Crime Insurance:**

\$10,000.

Employee Dishonesty

\$ 5,000.

**Broad Form Money & Securities** 

\$ 5,000.

Depositors Forgery

\$ 2,500.

Money Orders and Counterfeit Paper Currency

## **Commercial General Liability Insurance:**

\$5,000,000.

Commercial General Liability Insurance per occurrence and

aggregate:

Owners of Strata Plan BCS4010 C2015-048 Page 2

Extensions:

-Products and Completed Operations

-Broad Form Property Damage including completed

operations

-Occurrence Property Damage -Blanket Contractual Liability

-Cross Liability -Personal Injury

-Non-Owned Automobile -Attached Machinery

-Contingent Employers Liability

-Medical Payments \$5,000 per person/\$25,000 per accident

-First Aid Malpractice

-Intentional Injury to protect persons or property -All Risks Tenants Legal Liability \$500,000.

Deductible:

\$1,000.

Cancellation Clause: 30 Days

Subject to terms & conditions of insurers expiring Policy Form 5XL020485A.

COMPANY

PART %

Intact Insurance Company

100%

This document is evidence that insurance described herein has been effected, against which insurers policies will be issued in due course. In the event of any inconsistency between the terms and conditions of this document and those contained in policies, the latter shall prevail; please check this document carefully and in the event of an inaccuracy in the description of the insurance required, please advise immediately.

Yours very truly,

INTERÇON INSURANCE SERVICES LIMITED

Authorized Representative

Pedro A. Catalan, CIP, CAIB Commercial Accounts Executive

PC/mk