

FILE COPY

HUB International Coastal Insurance Brokers

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Policy No. CVR 483
DECLARATIONS

| | |
|---------------------------|--|
| Name of Insured: | The Owners of Strata Plan VR 483 Sunrise West |
| Location Address: | 1345 West 15th Avenue, Vancouver, BC, V6H 3R3 |
| Additional Named Insured: | Pacific Quorum Properties Inc, 430 - 1200 West 73rd Avenue, Vancouver, BC V6P 6G5 |
| Policy Period: | 08/01/12 to 12/31/13 (mm/dd/yy) 12:01 a.m. Standard Time |
| Loss Payable to: | The Insured or Order in Accordance with the Strata Property Act of British Columbia. |
| Insurers: | As Per List of Participating Insurers Attached. |

Insurance is provided subject to the Declarations, Terms, Conditions, Limitations and Endorsements of this policy and only for those coverages for which specific limits or amounts of Insurance are shown on this Declaration Page.

| INSURING AGREEMENTS | Deductibles (\$) | Limits (\$) |
|--|--|--|
| PROPERTY COVERAGES - STR (08/08) All Property, All Risks, Guaranteed Replacement Cost Bylaws Water Damage Backup of Sewers, Sumps, Septic Tanks or Drains Earthquake Damage Flood Damage Key & Lock | 1,000 10,000 10,000 10% 10,000 250 | 8,189,000 Included Included Included Included 10,000 |
| BLANKET EXTERIOR GLASS INSURANCE - Form 820000 (02/06) Residential Commercial | 100 250 | Blanket |
| COMMERCIAL GENERAL LIABILITY - Form 000102-10 (06/12) Each Occurrence Limit General Aggregate Limit Coverage A - Bodily Injury & Property Damage Liability - <i>Per Occurrence</i> Products & Completed Operations - <i>Aggregate</i> Coverage B - Personal Injury Liability - <i>Per Occurrence</i> Non-Owned Automobile - SPF #6 - Form 335002-02 - <i>Per Occurrence</i> | 500 500 500 | 5,000,000 10,000,000 5,000,000 10,000,000 5,000,000 5,000,000 |
| STRATA DIRECTORS & OFFICERS LIABILITY - Form NP-397749 (03/12) | NIL | 2,000,000 |
| POLLUTION & REMEDIATION LEGAL LIABILITY - Form XLICL-PARL6CP-CN0510 (01/11) Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense | 10,000 Retention | 1,000,000 |
| VOLUNTEER ACCIDENT INSURANCE PLAN - Policy # 9224344 (06/12)- Plan I Principal Sum - \$100,000 Weekly Accident Indemnity - \$500 (maximum 52 weeks) Accident Expenses - various up to \$10,000 (see policy wording) Dental Expense - \$2,500 | 7 Day Waiting Period | 100,000 |
| COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION - Form 500000 (01/00) Coverage I Employee Dishonesty - Form A - <i>Aggregate</i> Coverages II, III, IV and V - Broad Form Money & Securities - <i>Aggregate Limit each coverage</i> | NIL NIL | 25,000 10,000 |
| EQUIPMENT BREAKDOWN I Standard Comprehensive Plus, Replacement Cost - Form C780016 (01/11) II Consequential Damage, 90% Co-Insurance - Form C780032 (01/11) III Extra Expense - Form C780033 (01/11) IV Ordinary Payroll - 90 Days - Form C780034 (01/11) | 1,000 1,000 24 Hour Waiting Period 24 Hour Waiting Period | 8,189,000 10,000 100,000 100,000 |
| PLATINUM LEGAL EXPENSE PROTECTION - CLARK WILSON LLP Legal advice and exclusive benefits for Strata Corporation. See Contract for details. | Per Contract | Included |

****ALL COVERAGES SUBJECT TO POLICY DEFINITIONS****

This Policy contains a clause(s), which may limit the amount payable. This policy shall not be valid or binding unless countersigned by a duly Authorized Representative of the Insurer.

Vice President
 HUB International Coastal Insurance Brokers

July 25, 2012 - B&OE/SA