



HUB International Coastal Insurance Brokers

401 – 130 Brew Street, Port Moody, BC V3H 0E3 T: 604-937-1700 F: 604-937-1734
TF: 1-800-665-3310 www.hubcoastal.ca E: coastalinfo@hubinternational.com

Policy No. CVR447

DECLARATIONS

Name of Insured:	The Owners of Strata Plan VR 447 Marina Place
Location Address:	2250-2268 Alder Street, Vancouver, BC V6H 2R9 and 1181-1199 W 7th Avenue, Vancouver, BC V6H 1B5, ,
Additional Named Insured:	Pacific Quorum Properties Inc, 430 - 1200 West 73rd Avenue, Vancouver, BC V6P 6G5
Policy Period:	12/31/12 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 (06/08) 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 5,000 5,000 10% 10,000 250	6,896,000 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 Profits – Form C780034 (01/11)	1,000 1,000 24 Hour Waiting Period 24 Hour Waiting Period	6,896,000 25,000 100,000 100,000
PLATINUM LEGAL EXPENSE PROTECTION – CLARK WILSON LLP Legal advice and exclusive benefits for Strata Corporation. See Contract for details.	Per Contract	Not 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



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SCHEDULE OF PARTICIPATING INSURERS

For The Owners of Strata Plan VR 447 Marina Place Policy # CVR447

Term: 12/31/12 to 12/31/13 (mm/dd/yy) 12:01 a.m. Standard Time

Insurer	Coverage	%	Limit (\$)
Aviva Insurance Company of Canada	Property	35	2,413,600
Intact Insurance Company	Property	35	2,413,600
Royal and Sun Alliance Insurance Company of Canada	Property	30	2,068,800
Aviva Insurance Company of Canada	Commercial General Liability Per Occurrence Limit General Aggregate Limit	100	5,000,000 10,000,000
Encon Group Inc.	Directors & Officers Liability	100	2,000,000
Aviva Insurance Company of Canada	Employee Dishonesty – Form A	100	25,000
Aviva Insurance Company of Canada	Comprehensive Dishonesty, Disappearance and Destruction	100	10,000
Aviva Insurance Company of Canada	Glass	100	Blanket Exterior Coverage
XL Insurance Company Ltd.	Pollution & Remediation Legal Liability	100	1,000,000
Aviva Insurance Company of Canada	Equipment Breakdown	100	6,896,000
SSQ Insurance Company	Volunteer Accident Insurance Plan I	100	100,000

DISCLOSURE NOTICE - UNDER THE FINANCIAL INSTITUTIONS ACT

The Financial Institutions act requires that the information contained in this Disclosure Notice be provided to a customer in writing at the time of entering into an insurance transaction.

1. I, Dave Terry, am licensed as a general insurance agent by the Insurance Council of British Columbia
2. This transaction is between you and Aviva Insurance Company of Canada Intact Insurance Company Royal and Sun Alliance Insurance Company of Canada (Insurer) and as indicated on the policies.
3. In soliciting the transaction described above, I am representing HUB International Coastal Insurance Brokers who does business with the Insurer
4. The nature and extent of the Insurer's interest in the agency is none
5. Upon completion of this transaction, the agent will be remunerated by way of commission or fee by the Insurer
6. The Financial Institutions act prohibits the Insurer from requiring you to transact additional or other business with the Insurer or any other person or Corporation as a condition of this transaction.

Other Providers	Services		
Clark Wilson LLP	Platinum Legal Expense Protection		Not Included
		Total Premium	\$16,701

E&OE/TB

Insured's Copy