



COASTAL INSURANCE SERVICES LTD.

104 - 2331 Marpole Avenue, Port Coquitlam, BC V3C 2A1 Tel: 604-944-1700 Fax: 604-944-1734
1322 Johnston Road, White Rock, BC V4B 3Z2 Tel: 604-531-1020 Fax: 604-531-2031
Toll Free: 1-800-665-3310 Website -www.coastalinsurance.com - e-mail: info@coastalinsurance.com

	Toll Proc: 1-800-665-3310 Website -www.coastalinsurance.com - e-m	nail: info@coastalinsurance.c		983-2008		
Policy No. CVR 2001	DECLARATIONS					
Name of Insured:	The Owners of Strata Plan VR 2001 Sunny Lodge			***		
Location Address:	2125 West 2nd Avenue, Vancouver, BC, V6K 1H7					
Additional Named Insured:	Baywest Management Corporation, 300 - 1770 Burrard Street, Vancouver, BC V6J 3G7					
Policy Period:	12/31/09 to 10/01/10 (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 End- surance are shown on this Declaration Page.	orsements of this polic	y and only for those covera	iges for which		
	INSURING AGREEMENTS		Deductibles (\$)	Limits (
PROPERTY COVERAGES	- STR (06/08)					
All Property, All Risks, Guaran	1,000	4,930,00				
Water Damage			5,000	Include		
Backup of Sewers, Sumps, Sep	tic Tanks or Drains		5,000	Include		
Earthquake Damage Flood Damage			10%	Include		
Key & Lock			10,000	Include 10,00		
BLANKET EXTERIOR GLA	ASS INSURANCE Aviva Insurance Company of Canada -	Residential	100			
Form 820000 (02/06)	or canada -	Commercial	250	Blank		
COMMERCIAL GENERAL	LIABILITY - Form 000102 (06/06)					
Coverage A - Bodily Injury & l		Per Occurrence	500	10,000,0		
Products & Completed Operations Aggregate		500	10,000,0			
Coverage B - Personal Injury Liability Per Occurrence			500	10,000,0		
Coverage C - Medical Payment	is .	Any One Person		2,5		
G	1 99.	Per Occurrence		25,0		
Coverage D - Tenants Legal Li-	абинту		500	500,0		
Non-Owned Automobile - SPF #6 - Form 335002		Per Occurrence		10,000,00		
Contractual Liability - SEF #96 Excluding Long Term Leased Vehicle - S.E.F. No. 99		Per Occurrence	500	50,0		
		Per Occurrence		10,000,0		
Limited Pollution Liability Coverage Employee Benefit Liability - Form 000200		Aggregate		1,000,0		
Advertising Liability - Form 00		Aggregate	1,000	1,000,00		
	LIABILITY - Form G/A2 (05/08) Claims Made Form	Per Occurrence		500,00		
Condominium Discrimination I		Рсг Осситтенсе	500 Retention	2,000,00 10,00		
	30101100 00310	Aggregate	500 Retention	25,00		
POLLUTION & REMEDIAT	TION LEGAL LIABILITY - Form XLICL-PARL5CP (05/0	4)	10,000 Retention	1,000,00		
Claims Made Form - Limit of I	10,000 Retention	1,000,00				
Principal Sum - \$100,000 Wee	NSURANCE PLAN Form 9224344 (05/09)- Plan II kly Accident Indemnity - \$500 (maximum 52 weeks)		7 Day Waiting Baried	100.00		
	to \$10,000 (see policy wording) Dental Expense - \$2,500		7 Day Waiting Period	100,00		
	NESTY, DISAPPEARANCE AND DESTRUCTION			••••		
Form 500000 (01/00)	,					
I Employee Dishonesty – Fe	orm A			10,00		
II Loss Inside the Premises				5.00		
III Loss Outside the Premises				5,00		
IV Money Orders and Counte	rteit Paper Currency			5,00		
V Depositors Forgery EQUIPMENT BREAKDOW	N			5,00		
	Damage, Standard Comprehensive Plus, Replacement Cost - F	orm C780016 (02/06)	1,000	4,930,00		
II Consequential Damage, 90	% Co-Insurance - Form C780032 (02/06)		1,000	10,00		
III Extra Expense – Form C78	80033 (02/06)		24 Hour Waiting Period	100,00		
IV Ordinary Payroll - 90 Day	s – Form C780034 (02/06)		24 Hour Waiting Period	100,00		
ALL COVERAGES SHEETS	CT TO POLICY DEFINITIONS	0.0	blielle			
	which may limit the amount payable.	Jan U	where			
This policy shall not be valid	or binding unless countersigned by a duly		<u> </u>			
Authorized Representative of th		President				
•	Coastal Insurance Services I td					

President Coastal Insurance Services Ltd.

December 30, 2009 - E&OE/DP





E&OE/DP

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SCHEDULE OF PARTICIPATING INSURERS

For The Owners of Strata Plan VR 2001 Sunny Lodge Policy # CVR 2001

Term: 12/31/09 to 10/01/10 (mm/dd/yy) 12:01 a.m. Standard Time

Insurer	Coverage	%	Limit (\$)	
Aviva Insurance Company of Canada	Property	35	1,725,500	
Axa Pacific Insurance Company	Property	35	1,725,500	
Royal and Sun Alliance Insurance Company of Canada	Property	30	1,479,000	
Aviva Insurance Company of Canada	Commercial General Liability	100	10,000,000	
Aviva Insurance Company of Canada	Directors & Officers Liability	100	2,000,000	
Aviva Insurance Company of Canada	Employee Dishonesty - Form A	100	10,000	
Aviva Insurance Company of Canada	Comprehensive Dishonesty, Disappearance and Destruction	100	5,000	
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	4,930,000	
Axa Assurances Inc.	Volunteer Accident Insurance Plan II	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, Mike Valiquette, an ilicensed as a general insurance agent by the Insurance Council of British Columbia 2. This transaction is between you and Aviva Insurance Company of Canada Axa Pacific 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 Coastal Insurance Services Ltd. 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.			tal Premium	\$7,953

Insured's Copy