



COASTAL INSURANCE SERVICES LTD.

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 1322 Johnston Road, White Rock, BC V4B 3Z2 Tel: 604-531-1020 Fax: 604-531-2031
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**Policy No. CVR 1705****DECLARATIONS**

| | |
|---------------------------|--|
| Name of Insured: | The Owners of Strata Plan VR 1705 Windgate Beachside |
| Location Address: | 1925 West 2nd Avenue, Vancouver, BC V6J 1J2 |
| Additional Named Insured: | Pacific Quorum Properties Inc, 430 - 1200 West 73rd Avenue, Vancouver, BC V6P 6G5 |
| Policy Period: | 12/31/11 to 12/31/12 (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 - 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 Replacement | 1,000 5,000 5,000 10% 10,000 250 | 4,227,000 Included Included Included Included 10,000 |
| BLANKET EXTERIOR GLASS - Form 820000 (02/06) | Residential Commercial | 100 250 Blanket |
| COMMERCIAL GENERAL LIABILITY - Form 000102 - 10 (04/10) Coverage A - Bodily Injury & Property Damage Liability - <i>Per Occurrence</i> General Aggregate Limit Products & Completed Operations - <i>Per Occurrence</i> General Aggregate Limit Coverage B - Personal & Advertising Injury Liability - <i>Per Occurrence</i> General Aggregate Limit - <i>Aggregate</i> Coverage C - Medical Payments - <i>Any one Person</i> Medical Payments - <i>Per Occurrence</i> Coverage D - Tenants Legal Liability Non-Owned Automobile - SPF #6 Form 335002 - 02 - <i>Per Occurrence</i> Contractual Liability - SEF #96 Form 335150 - 05 - <i>Per Occurrence</i> Excluding Long Term Leased Vehicle - S.E.F. No. 99 Form 335300 - 02 - <i>Per Occurrence</i> Amendment - Automobile Exclusion - Form 223654 - 01 - <i>Aggregate</i> Limited Pollution Liability Coverage - Form 000114 - 02 - <i>Aggregate</i> Employee Benefit Liability - Form 000200 - 05 - <i>Aggregate</i> | 500 500 500 500 500 1,000 | 10,000,000 15,000,000 10,000,000 15,000,000 10,000,000 15,000,000 10,000 25,000 500,000 10,000,000 10,000,000 10,000,000 Included 1,000,000 1,000,000 |
| DIRECTORS & OFFICERS LIABILITY - Form G/A2 (05/08) Condominium Discrimination Defense Costs - <i>Per Occurrence</i> - <i>Aggregate</i> | | 2,000,000 10,000 25,000 |
| 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 - Policy # 9224344 (05/09) - Plan II 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) I Employee Dishonesty - Form A II Loss Inside the Premises III Loss Outside the Premises IV Money Orders and Counterfeit Paper Currency V Depositors Forgery | | 25,000 5,000 5,000 5,000 5,000 |
| EQUIPMENT BREAKDOWN I Physical Damage, Direct Damage, 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 | 4,227,000 25,000 100,000 100,000 |

****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.

President

Coastal Insurance Services Ltd.