



# 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

## SUMMARY OF COVERAGES

NAMED INSURED: Owners of Strata Plan LMS 1301 Lexington North  
LOCATION: 3709 East Pender Street, Burnaby, BC V5C 2L2  
SUMMARY FOR: Atira Property Management Inc

\$4,714,000 **All Property** - "All Risks" \$1,000 Deductible, Earthquake - 10% Deductible, Water Damage - \$5,000 Deductible, Sewer Backup - \$5,000 Deductible, Flood - \$10,000 Deductible, including **Guaranteed Replacement Cost and Blanket Bylaws**, Subject to Stated Amount Co-Insurance.

REPLACEMENT **Blanket Glass** -subject to a Residential \$100 Deductible, Commercial \$250 Deductible

\$5,000,000 **Commercial General Liability** - including Broad Form "occurrence" Property Damage, Medical Payments \$2,500/\$25,000, Cross Liability Clause, Personal Injury (nil participation), Non-Owned Automobile Liability, Contingent Employer's Liability, Contractual Liability, Employees as additional named insureds including any Property Management firms while acting on behalf of the Corporation, subject to a \$500 Deductible per occurrence.

\$2,000,000 **Directors & Officers Liability** - (Errors & Omissions), TO INCLUDE PROPERTY MANAGERS AS ADDITIONAL NAMED INSUREDS.

\$1,000,000 **Pollution and Remediation Legal Liability** - subject to a \$10,000 Retention.

\$100,000 **Volunteer Accident Insurance Plan** - Accidental Death and Disability for owners who perform work on a volunteer basis. Plan II - Principal Sum - \$100,000 Weekly Accident Indemnity - \$500, Accident Expenses - various up to \$10,000 (see policy wording) Dental Expense - \$2,500. Subject to a 7 day Waiting Period, Maximum 52 Weeks.

### **Comprehensive Dishonesty, Disappearance and Destruction**

\$10,000 Employee Dishonesty - Form A

\$5,000 Loss Inside/Outside the Premises, Money Orders and Counterfeit Paper Currency and Depositors Forgery

FULL VALUE **Equipment Breakdown** - insuring all Fired & Unfired Pressure Vessels & Refrigeration Systems, Electrical & Mechanical Equipment, Repair or Replacement. Subject to \$1,000 Deductible and a 24 hour waiting period for Business Interruption (if applicable). INCLUDES: Hot Water Supply & Storage Tanks, Pool Boiler and Filter Tanks, all Electrical Motors, Fans, Tanks, Pumps, Compressors, Switchgear, Switchboard, Air-Conditioning Units, Intercom, Phone and Security Systems.

POLICY TERM: 12/31/09 TO 12/31/10 mm/dd/yy 12:01 a.m. Standard Time

This is a generalized resume of coverages for quick reference. In all cases the terms and conditions of the policy in effect are the determining documents.

Date: December 18, 2009

E/OE/BG



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Policy No. CLMS 1301

## DECLARATIONS

Name of Insured:	The Owners of Strata Plan LMS 1301 Lexington North
Location Address:	3709 East Pender Street , Burnaby, BC, V5C 2L2
Additional Named Insured:	Atira Property Management Inc , 405 Powell Street, Vancouver, BC V6A 1G7
Policy Period:	12/31/09 to 12/31/10 (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 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 (\$)
<b>PROPERTY COVERAGES – STR (06/08)</b>		
All Property, All Risks, Guaranteed Replacement Cost, Bylaws	1,000	4,714,000
Water Damage	5,000	Included
Backup of Sewers, Sumps, Septic Tanks or Drains	5,000	Included
Earthquake Damage	10%	Included
Flood Damage	10,000	Included
Key & Lock	250	10,000
<b>BLANKET EXTERIOR GLASS INSURANCE</b> Aviva Insurance Company of Canada - Form 820000 (02/06)	Residential Commercial	Blanket
<b>COMMERCIAL GENERAL LIABILITY - Form 000102 (06/06)</b>		
Coverage A - Bodily Injury & Property Damage Liability	Per Occurrence	5,000,000
Products & Completed Operations	Aggregate	5,000,000
Coverage B - Personal Injury Liability	Per Occurrence	5,000,000
Coverage C - Medical Payments	Any One Person	2,500
	Per Occurrence	25,000
Coverage D - Tenants Legal Liability		500,000
Non-Owned Automobile - SPF #6 - Form 335002	Per Occurrence	5,000,000
Contractual Liability - SEF #96	Per Occurrence	50,000
Excluding Long Term Leased Vehicle - S.E.F. No. 99	Per Occurrence	5,000,000
Limited Pollution Liability Coverage	Aggregate	1,000,000
Employee Benefit Liability - Form 000200	Aggregate	1,000,000
Advertising Liability - Form 000117	Per Occurrence	500,000
<b>DIRECTORS &amp; OFFICERS LIABILITY - Form G/A2 (05/08) Claims Made Form</b>	500 Retention	2,000,000
<b>POLLUTION &amp; REMEDIATION LEGAL LIABILITY - Form XLICL-PARLSCP (05/04)</b> Claims Made Form - Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense	10,000 Retention	1,000,000
<b>VOLUNTEER ACCIDENT INSURANCE PLAN Form 9224344 (05/09)- Plan II</b> 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
<b>COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION</b> Form 500000 (01/00)		
I Employee Dishonesty – Form A		10,000
II Loss Inside the Premises		5,000
III Loss Outside the Premises		5,000
IV Money Orders and Counterfeit Paper Currency		5,000
V Depositors Forgery		5,000
<b>EQUIPMENT BREAKDOWN</b>		
I Physical Damage, Direct Damage, Standard Comprehensive Plus, Replacement Cost – Form C780016 (02/06)	1,000	4,714,000
II Consequential Damage, 90% Co-Insurance – Form C780032 (02/06)	1,000	10,000
III Extra Expense – Form C780033 (02/06)	24 Hour Waiting Period	100,000
IV Ordinary Payroll – 90 Days – Form C780034 (02/06)	24 Hour Waiting Period	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.**