

COASTAL INSURANCE SERVICES LTD.

401 – 130 Brew Street, Port Moody, BC V3H 0E3 Tel: 604-937-1700 Fax: 604-937-1734 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



Policy No. CVR 1679	DECLARATIONS
Name of Insured:	The Owners of Strata Plan VR 1679 Urana Mews
Location Address:	458 East 43rd Avenue, Vancouver, BC V5W 1T4
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.
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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.

PROPERTY - STR (06/08) All Property, All Risks, Guaranteed Replacement Cost, Bylaws 1,000 2,000,000 Water Damage 5,000 Included Backup of Sewers, Sumps, Septic Tanks or Drains 5,000 Included Earthquake Damage 15% 10,000 Earthquake Damage 15% 10,000 Earthquake Damage 15% 10,000 Earthquake Damage 15% 10,000 BLANKET EXTERIOR GLASS - Form 820000 (02/06) Residential 250 10,000 BLANKET EXTERIOR GLASS - Form 820000 (02/06) Residential 250 10,000 Cowrage A - Bodily Injury & Property Damage Liability - Per Occurrence 500 5,000,000 General Aggregate Limit 600,000 10,000 10,000 Products & Completed Operations - Per Occurrence 500 5,000,000 General Aggregate Limit - Aggregate 10,000,000 Coverage B - Personal & Advertising Injury Liability - Per Occurrence 500 5,000,000 General Aggregate Limit - Aggregate 10,000,000 Coverage C - Medical Payments - Per Occurrence 500 5,000,000 Coverage C - Medical Payments - Any one Person 25,000,000 Medical Payments - Per Occurrence 500 5,000,000 Coverage D - Tenants Legal Liability - Step F & Form 33510 - 02 - Per Occurrence 5,000,000 Contractual Liability - Step F & Form 33510 - 03 - Per Occurrence 5,000,000 Excluding Long Term Leased Vehicle - S.E.F. No. 99 Form 335300 - 02 - Per Occurrence 5,000,000 Excluding Long Term Leased Vehicle - S.E.F. No. 99 Form 335300 - 02 - Per Occurrence 5,000,000 Employee Benefit Liability - Form 000114 - 02 - Aggregate 1,000 1,000,000 Employee Benefit Liability - Form 000200 - 05 - Aggregate 1,000 1,000,000 1	specific limits or amounts of Insurance are shown on this Declaration Page.	Т.	
All Property, All Risks, Guaranteed Replacement Cost, Bylaws 5,000 1,000	INSURING AGREEMENTS	Deductibles (\$)	Limits (\$)
All Property, All Risks, Guaranteed Replacement Cost, Bylaws 5,000 1,000	PROPERTY – STR (06/08)		
Mater Damage		1.000	2,000,000
Backup of Sewers, Sumps, Septic Tanks or Drains			Included
Earthquake Damage		5,000	Included
Flood Damage		15%	Included
Rey & Lock Replacement		10,000	Included
Commercial 250 Biance		250	10,000
Commercial Coverage A - Bodily Injury & Property Damage Liability - Per Occurrence 10,000,000 General Aggregate Limit 10,000,000 General Aggregate Spirit 10,000,000 General General Aggregate Spirit 10,000,000 General G	PLANIZET EXTERNOR CLASS Farm \$20000 (02/06) Residential	100	Dlambas
Coverage A - Bodily Injury & Property Damage Liability - Per Occurrence General Aggregate Limit Products & Completed Operations - Per Occurrence Source General Aggregate Limit General Aggregate Limit General Aggregate Limit - Aggregate Coverage B - Personal & Advertising Injury Liability - Per Occurrence Source General Aggregate Limit - Aggregate General Aggregate Limit - Aggregate Coverage B - Personal & Advertising Injury Liability - Per Occurrence General Aggregate Limit - Aggregate General Adutomobile - SPF #6 Form 335002 - 02 - Per Occurrence Source General Liability - SEF #96 Form 335150 - 05 - Per Occurrence Source General Liability - SEF #96 Form 335150 - 05 - Per Occurrence Source General Liability - SEF #96 Form 335150 - 05 - Per Occurrence Source General Liability - SEF #96 Form 335150 - 01 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Liability - Form 000200 - 05 - Aggregate General Gen	Commercial	250	Віапкеі
General Aggregate Limit	COMMERCIAL GENERAL LIABILITY - Form 000102 – 10 (04/10)		
Products & Completed Operations - Per Occurrence	Coverage A - Bodily Injury & Property Damage Liability - Per Occurrence	500	5,000,000
General Aggregate Limit 10,000,000 5,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000,000 6,000 6,000,000 6			10,000,000
Coverage B - Personal & Advertising Injury Liability - Per Occurrence Goverage G - Medical Payments - Any one Person Medical Payments - Per Occurrence 10,000,000 Medical Payments - Per Occurrence 10,000,000 Medical Payments - Per Occurrence 10,000 Medical Payments - Per Occurrence 10,000,000 Medical Payments - Per Model Automobile - SPF #6 Form 335150 - 05 - Per Occurrence 10,000,000 Medical Liability - SEF #96 Form 335150 - 05 - Per Occurrence 10,000,000 Medical Liability - SEF #96 Form 335150 - 05 - Per Occurrence 10,000,000 Medical Liability - Ser #96 Form 000114 - 02 - Aggregate 10,000,000 Medical Liability - Form 00010 - 05 - Aggregate 10,000,000 Medical Liability - Form 00010 - 05 - Aggregate 10,000,000 Medical Liability - Form 00010 - 05 - Aggregate 10,000 Medical Liability - Form 00010 - Per Occurrence - Aggregate 10,000 Medical Liability - Form SEC SET - Per Occurrence - Aggregate 10,000 Medical Payments - Per Occurrence - Aggregate 10,000 Medical Payments - Per Model Liability - Form SEC SET - Per Occurrence - Aggregate 10,000 Medical Payments - Per Model Medical Payments - Per Occurrence - Aggregate - Per Model Medical Payments - Per Model Medical	Products & Completed Operations – Per Occurrence	500	5,000,000
General Aggregate Limit - Aggregate 10,000,000 10,0	General Aggregate Limit		10,000,000
Coverage C - Medical Payments - Any one Person Medical Payments - Per Occurrence	Coverage B - Personal & Advertising Injury Liability - Per Occurrence	500	5,000,000
Medical Payments - Per Occurrence	General Aggregate Limit - Aggregate		10,000,000
Coverage D - Tenants Legal Liability			10,000
Non-Owned Automobile			25,000
Contractual Liability - SEF #96 Form 335150 - 05 - Per Occurrence S,000,000	Coverage D - Tenants Legal Liability	500	500,000
Excluding Long Term Leased Vehicle - S.E.F. No. 99 Form 335300 - 02 - Per Occurrence 5,000,000 Camendment - Automobile Exclusion - Form 223654 - 01 - Aggregate 1,000,000 Included 1,000 1,000 Included 1,000 1,000 Included 1,000 1,000 Included 1,000 1,000 1,000 Included 1,000			5,000,000
Amendment - Automobile Exclusion - Form 223654 - 01 - Aggregate Limited Pollution Liability Coverage - Form 000114 - 02 - Aggregate 1,000,000 1,000	Contractual Liability - SEF #96 Form 335150 - 05 - Per Occurrence		5,000,000
Limited Pollution Liability Coverage	Excluding Long Term Leased Vehicle - S.E.F. No. 99 Form 335300 - 02 - Per Occurrence		5,000,000
Employee Benefit Liability - Form 000200 - 05 - Aggregate	Amendment – Automobile Exclusion - Form 223654 - 01 - Aggregate		Included
DIRECTORS & OFFICERS LIABILITY - Form G/A2 (05/08) Condominium Discrimination Defense Costs - Per Occurrence - Aggregate 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 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 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) Extra Expense - Form C780033 (01/11) 2,000,000 2,000,000 2,000,000 2,000,000	Limited Pollution Liability Coverage – Form 000114 – 02 - Aggregate		1,000,000
Condominium Discrimination Defense Costs - Per Occurrence - Aggregate POLLUTION & REMEDIATION LEGAL LIABILITY - Form XLICL-PARL6CP-CN0510 (01/11) Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense VOLUNTEER ACCIDENT COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION Form 500000 (01/00) I Employee Dishonesty - Form A II Loss Inside the Premises II Loss Outside the Premises IV Money Orders and Counterfeit Paper Currency V Depositors Forgery 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) II Extra Expense - Form C780033 (01/11) 24 Hour Waiting Period 10,000 25,000 21,000 25,000		1,000	1,000,000
- Aggregate POLLUTION & REMEDIATION LEGAL LIABILITY - Form XLICL-PARL6CP-CN0510 (01/11) Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense VOLUNTEER ACCIDENT 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 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) 24 Hour Waiting Period 1,000,000 1,00	DIRECTORS & OFFICERS LIABILITY - Form G/A2 (05/08)		2,000,000
POLLUTION & REMEDIATION LEGAL LIABILITY - Form XLICL-PARL6CP-CN0510 (01/11) Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense 1,000,000 TO Day Waiting Period 150,000 COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION Form 500000 (01/00) I Employee Dishonesty - Form A 10,000 II Loss Inside the Premises 5,000 IV Money Orders and Counterfeit Paper Currency 5,000 V Depositors Forgery 5,000 EQUIPMENT BREAKDOWN I Physical Damage, Direct Damage, Standard Comprehensive Plus, Replacement Cost - Form C780016 (01/11) 1,000 2,000,000 II Consequential Damage, 90% Co-Insurance - Form C780032 (01/11) 1,000 25,000 III Extra Expense - Form C780033 (01/11) 24 Hour Waiting Period 100,000	Condominium Discrimination Defense Costs - Per Occurrence		10,000
Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense 10,000 Retention 1,000,000 Retention 1,000,000 Retention 1,000,000 Retention 1,000,000 Retention 150,000 Retention			25,000
VOLUNTEER ACCIDENT 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 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) 7 Day Waiting Period 150,000 100,000 11 Physical Damage, Direct Damage, Standard Comprehensive Plus, Replacement Cost – Form C780016 (01/11) 1,000 2,000,000 25,000 11 Extra Expense – Form C780033 (01/11) 1,000 100,000		10 000 Retention	1 000 000
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III Extra Expense – Form C780033 (01/11) 24 Hour Waiting Period 100,000		,	
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10 Ordinary Payron – 50 Days – Form C/60054 (01/11) 24 Hour Waiting Period 100,000			· ·
00	· ·		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.

December 2, 2011 - E&OE/TB



COASTAL INSURANCE SERVICES LTD.

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401 – 130 Brew Street, Port Moody, BC V3H 0E3 Tel: 604-937-1700 Fax: 604-937-1734 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

SCHEDULE OF PARTICIPATING INSURERS

For The Owners of Strata Plan VR 1679 Urana Mews Policy # CVR 1679

Term: 12/31/11 to 12/31/12 (mm/dd/yy) 12:01 a.m. Standard Time

Insurer	Coverage	%	Limit (\$)	
Aviva Insurance Company of Canada	Property	35	700,000	
Axa Pacific Insurance Company	Property	35	700,000	
Royal and Sun Alliance Insurance Company of Canada	Property	30	600,000	
Aviva Insurance Company of Canada	Commercial General Liability Per Occurrence Limit General Aggregate Limit	100	5,000,000 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	2,000,000	
Axa Assurances Inc.	Volunteer Accident Plan II	100	150,000	
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 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	\$5,080

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