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COMMERCIAL PREMIUM NOTICE/OFFER TO RENEW

RECU/RECEIVED
30-08-2006

RETAIN THIS PORTION FOR YOUR RECORDS

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(INSURED'S COPY)

YOUR AGENT/SERVICE OFFICE IS:
HAMILTON INS SERV INC 23140
TELE: 604-872-6788
268-828 WEST 8 AVE
VANCOUVER BC V5Z 1E2
MAIL TO

POLICY NUMBER: 003392363 RENEWAL PERIOD
From 28 SEP 2006 To 28 SEP 2007
Day/Month/Year Day/Month/Year

All Times Are Local Times At The Insured's Postal Address

OWNERS OF STRATA PLAN VR 855
701-1190 HORNBY ST

YOUR POLICY EXPIRES ON 28 SEP 2006 12:01 A.M. LOCAL TIME. IF YOUR PAYMENT IS RECEIVED BY 28 SEP 2006 YOUR POLICY WILL BE RENEWED FOR THE PERIOD SPECIFIED.

VANCOUVER BC
V6Z 2K5

NAMED INSURED(S)
OWNERS OF STRATA PLAN VR 855

COVERAGE SUMMARY					\$ PREMIUM
INSURED LOCATION: - 5505-5585 OAK STREET VANCOUVER					
PROPERTY					
INSURING AGREEMENTS & EXCLUSIONS FORM NO. AB					
APPLICABLE TO ALL COVERAGES OF THIS PROPERTY SECTION					
ALL PROPERTY	B-013	90	1000	10,278,700	
CONDOMINIUM BUILDING EXTENSION	B-013(A)			250,000	
FLOOD ENDORSEMENT	AB-100		10000	INCLUDED	
SEWER BACK UP	B-1(J)		2500	INCLUDED	
WATER DAMAGE DEDUCTIBLE	B-1(E)		2500	INCLUDED	
EARTHQUAKE	AB-10				
10% EARTHQUAKE DEDUCTIBLE CLAUSE	CGE10			INCLUDED	
BOILER					
BOILER & EQUIPMENT BREAKDOWN	F-06		500	10,278,700	
INSURED EQUIPMENT-OPTION 1	OPT 1			INCLUDED	
TOTAL PREMIUM - THIS LOCATION:					17139.00
LIABILITY					
COMMERCIAL GENERAL LIABILITY	D-1				
BODILY INJURY & PROPERTY DAMAGE	COV-A		500	5,000,000	
AGGREGATE LIMIT 5,000,000					
PERSONAL INJURY	COV-B			5,000,000	
MEDICAL EXPENSES	COV-C			2,500	
TENANTS LEGAL LIABILITY	COV-D		500	250,000	
NON-OWNED AUTO	D-6		500	1,000,000	
DIRECTORS & OFFICERS LIABILITY	D-21		1000	2,000,000	
6 DIRECTORS AND OFFICERS					
DEDUCTIBLE BASIC COVG A: \$1000					
DEDUCTIBLE BASIC COVG B: \$1000					
NON-PROFIT ORGANIZATION	D-21(A)			INCLUDED	
CONDO DIRECTORS & OFFICERS	D-21(C)			INCLUDED	
PREMIUM FOR LIABILITY:					1171.00
AN INFLATION INDEX HAS BEEN APPLIED TO YOUR PROPERTY COVERAGE(S), IF APPLICABLE.					
MINIMUM RETAINED PREMIUM: \$ 350				TOTAL PREMIUM DUE	\$ 18310.00

IF PAYMENT IS RECEIVED BY THE DATE SPECIFIED ABOVE THIS POLICY IS RENEWED IN THE AMOUNTS STATED ABOVE AND SUBJECT TO THE SAME TERMS AND CONDITIONS AS THE ORIGINAL CONTRACT AND ANY AMENDMENTS THERETO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

[Signature]

SECRETARY

