



CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
To Whom It May Concern	Condominium Corp 882-0814 Box 134 Lindale, AB T0C 1W0

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

N/A

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)						
				COVERAGE	DED.	AMOUNT OF INSURANCE				
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input checked="" type="checkbox"/> EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	AVIVA Insurance Co of Canada CMPS1453963	20/09/01	21/09/01	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		500000				
						- EACH OCCURRENCE		200000		
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		2000000				
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		25000				
				MEDICAL PAYMENTS		25000				
				TENANTS LEGAL LIABILITY		250000				
				POLLUTION LIABILITY EXTENSION						
				NON OWNED AUTOMOBILE		2000000				
				AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** <small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
								BODILY INJURY (PER PERSON)		
BODILY INJURY (PER ACCIDENT)										
PROPERTY DAMAGE										
EACH OCCURRENCE										
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				AGGREGATE						
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	AVIVA Insurance Co of Canada CMP S1453963	20/09/01	21/09/01	Directors & Officers		100000				
				Property						
				Equipment Breakdown						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 00 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
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CMB Insurance Brokers #201, 1430 - 91 St. SW Edmonton, AB	Not Applicable
POSTAL CODE T6X 1M5	
BROKER CLIENT ID: 88208-1	POSTAL CODE

8. CERTIFICATE AUTHORIZATION	
ISSUER CMB Insurance Brokers	CONTACT NUMBER(S) TYPE Fax NO. 780-421-5557 TYPE NO.
AUTHORIZED REPRESENTATIVE Michael Roloff	TYPE NO. TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE 

DATE **20/08/27**

EMAIL ADDRESS **mroloff@cmbinsurance.ca**