



# 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.

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

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

**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
<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS MADE <b>OR</b> <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	<b>AVIVA Insurance Co of Canada</b>  <b>CMPS1453963</b>	<b>19/09/01</b>	<b>20/09/01</b>	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		<b>200000</b>
				- EACH OCCURRENCE		<b>200000</b>
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		<b>200000</b>
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		<b>25000</b>
				MEDICAL PAYMENTS		<b>5000</b>
				TENANTS LEGAL LIABILITY		<b>250000</b>
				POLLUTION LIABILITY EXTENSION		
				NON OWNED AUTOMOBILE		<b>2000000</b>
<b>AUTOMOBILE LIABILITY</b>  <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		
<b>EXCESS LIABILITY</b>  <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
<b>OTHER LIABILITY (SPECIFY)</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<b>AVIVA Insurance Co of Canada</b>  <b>CMP S1453963</b>	<b>19/09/01</b>	<b>20/09/01</b>	<b>Directors &amp; Officers</b>		<b>100000</b>
				<b>Property</b>		
				<b>Equipment Breakdown</b>		

**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.

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

<b>8. CERTIFICATE AUTHORIZATION</b>	CONTACT NUMBER(S)
ISSUER <b>CMB Insurance Brokers</b>	TYPE <b>Fax</b> NO. <b>780-428-7248</b> TYPE NO.
AUTHORIZED REPRESENTATIVE <b>Daniel Keith</b>	TYPE NO. TYPE NO.
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE <b>19/08/01</b> EMAIL ADDRESS <b>dkeith@cmbinsurance.ca</b>