



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	
POSTAL CODE	Lindale, AB
POSTAL CODE 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)	

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 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	18/09/01	19/09/01	COMMERCIAL GENERAL LIABILITY		
				BODILY INJURY AND PROPERTY DAMAGE LIABILITY		2000000
				- GENERAL AGGREGATE		
				- EACH OCCURRENCE		2000000
				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		5000
				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		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>				EACH OCCURRENCE		
				AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/>	AVIVA Insurance Co of Canada CMP S1453963	18/09/01	19/09/01	Directors & Officers		1000000
<input type="checkbox"/>						
<input type="checkbox"/>						

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)
CMB Insurance Brokers	
#201, 1430 - 91 St. SW	
Edmonton, AB	POSTAL CODE T6X 1M5
BROKER CLIENT ID: 88208-1	
POSTAL CODE	

8. CERTIFICATE AUTHORIZATION

ISSUER CMB Insurance Brokers	CONTACT NUMBER(S)
AUTHORIZED REPRESENTATIVE Amber Wilchak	TYPE Fax NO. 780-424-4612 TYPE NO.
	TYPE NO. TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE *Amber Wilchak* DATE **18/08/15** EMAIL ADDRESS **awilchak@cmbinsurance.ca**