



RESIDENTIAL POLICY

POLICY NUMBER
7549-293-0012

GAIA GA-7549-293

901 C-Grid
The City

BC-602-A4A
INSURANCE SERVICES
POD: 276B4-322:S12B

Residential Insurance Policy

Residential Insurance

This policy insures you against risks of direct physical loss or damage to the property described in the contract terms. Damage caused by any of the following is not covered unless included as an additional option:

- earthquake, snowslide, landslide or earth movement
- windstorm, hail, snow or sleet
- flood, surface water, waves, tides, ice or waterborne objects
- water backup or seepage from sewer, septic tank, eavestroughs or ground water.

This policy does not cover any of the following:

- motor vehicles, except the contents thereof
- watercraft, outboard motors, motorcycles, bicycles or parts thereof
- money, jewellery, precious stones or furs
- plants, animals, birds or fish
- property owned by a tenant or damage caused by a tenant.

This policy is effective for one year from the date listed in the contract terms. Premiums on this policy are payable at the amount specified in the contract terms.

You must inform us of any material change in the conditions that this policy is based on. This policy is void and of no effect if you fail to inform us of any material change within 30 days of the change, or if you have misrepresented any material fact.

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE. READ THE COMPLETE POLICY BOOKLET FOR DETAILS.

CONTRACT TERMS

POLICY NUMBER	7549-293-0012
POLICY TYPE	H5 ADVANTAGE HOME
CONSTRUCTION	1994, STEEL FRAME
OCCUPANCY	HOMEOWNER
	ONE LICENCED TENANCY
EFFECTIVE DATE	MM/DD/YYYY
ANNUAL PREMIUM	\$ 508.00
DEDUCTIBLE AMOUNT	\$ 500.00
TYPE OF COVERAGE	COMPREHENSIVE
	REPLACEMENT VALUE
ADDITIONAL OPTIONS	EARTHQUAKE COVERAGE
	SEWER BACKUP/WATER DAMAGE
	ELECTRONIC DATA EQUIPMENT
PROPERTY COVERAGE	\$ 229,000.00
CONTENTS COVERAGE	\$ 145,000.00
LIABILITY COVERAGE	\$ 1,000,000.00





**TRAVEL MEDICAL
INSURANCE POLICY**

POLICY NUMBER
35768-2662-12

Indigo IO-1765-992

66E B-Grid
The City

TI-2126-009
INSURANCE SERVICES
POD: 992TS-2342:SIIS

Travel Medical Insurance Policy

SAFEGUARD'S TRAVEL GOLD MEDICAL INSURANCE POLICY PROVIDES ONE FULL YEAR OF INSURANCE COVERAGE FOR OUT-OF-SECTOR MEDICAL EMERGENCIES. TRAVEL GOLD PROVIDES COMPLETE COVERAGE OF MEDICAL AND ASSOCIATED EXPENSES UP TO \$2 MILLION PER YEAR FOR:

- HOSPITAL EXPENSES
- DOCTOR BILLS NOT PAID BY MEDICAL SERVICES PLAN
- PRESCRIPTION DRUGS
- AMBULANCE SERVICES
- EMERGENCY DENTAL
- 24-HOUR ACCESS TO TOLL-FREE ASSISTANCE

NAME OF INSURED: INDIGO IO-1765-992

BASIC COVERAGE: WORLDWIDE EXCLUDING SECTORS EXPERIENCING
WAR OR INSURRECTION

\$ 93.50

TOTAL

\$ 93.50

CITY AND G/S TAXES INCLUDED

EFFECTIVE DATE MM/DD/YY

EXPIRY DATE MM/DD/YY



**CYCLE SENTINEL
BIKE LOCK**

CYCLE SENTINEL guarantees to pay you the value of your bicycle up to \$700.00 should your bicycle be stolen due to failure of your CYCLE SENTINEL BIKE LOCK (lock broken or opened by force) subject to lock model purchased.

THIS GUARANTEE IS LIMITED TO ONE YEAR FOLLOWING THE PURCHASE OF YOUR LOCK!

LIMITED GUARANTEE – THE CYCLE SENTINEL PROTECTION CERTIFICATE.

If theft of your bike is due to the CYCLE SENTINEL BIKE LOCK being broken or opened by other forceful means, we will pay you the value of your bicycle up to \$700.00 subject to the BIKE LOCK model and the limitations and conditions described herein.

Complete the registration. Send completed form along with all documentation for CYCLE SENTINEL, THE CITY. Include a copy of your bill of sale clearly citing the purchase of the Bike Lock and Lock Model Number. Also include a copy of the bill of sale for your bicycle from your bicycle dealer.



Insurance



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TERM LIFE POLICY

POLICY NUMBER
4357-632-0001

LIAM LM-4357-632

114-8752 C-Grid
The City

BC-602-A4A
INSURANCE SERVICES
POD: 276B4-322:S12B

Term Life Insurance Policy

Term Life Insurance

This policy provides coverage for one year, beginning on the effective date listed in the contract terms. It provides a benefit in the amount specified that we will pay you if, during the term of the coverage, you die.

Premiums are calculated based on your age, gender, smoking status and the amount of coverage you require. Premiums on this policy are payable monthly at the amount specified in the contract terms. If any premium payment is not received by the due date, coverage will be terminated from the date of the unpaid premium.

For an additional charge, you may choose additional policy options, such as child riders, accelerated benefits riders and convertibility to permanent insurance coverage. The options you have chosen are listed in the contract terms.

You may name one or more people to receive any death benefit under this policy. You may change the person named at any time by giving us notice in writing.

You must inform us of any material change in the conditions that this policy is based on. This policy is void and of no effect if you fail to inform us of any material change within 30 days of the change, or if you have misrepresented any material fact.

CONTRACT TERMS

CERTIFICATE NUMBER	M3324532
POLICY TYPE	TERM LIFE, NON-SMOKER
INSURED NAME	LIAM LM-4357-632
GENDER	MALE
EFFECTIVE DATE	MM/DD/YYYY
TERM PERIOD	ONE YEAR(S)
BENEFITS	\$ 200,000.00
MONTHLY PREMIUM	\$ 33.40
PREMIUM PAYMENT DATE	FIRST DAY OF EACH MONTH
ADDITIONAL OPTIONS	NONE



APARTMENT POLICY

POLICY NUMBER
93429-23442-84

Nikos NS-5762-008

899-6 B-Grid
The City

JZ-3832-039
INSURANCE SERVICES
POD: 992TS-2342:SIIS

Apartment Insurance Policy

THE RESIDENCE PREMISES INSURED AS LOCATION 1 IS LOCATED AT THE ADDRESS SHOWN ABOVE.

INSURANCE IS PROVIDED WITH RESPECT TO THE FOLLOWING COVERAGES FOR WHICH AN AMOUNT OF INSURANCE IS SPECIFIED. SUBJECT TO ALL CONDITIONS OF THE POLICY.

RATING INFORMATION -----
SPECIAL APARTMENT FORM, METRO 1, FIRE RESISTIVE, APARTMENT HOUSE.
WITHIN 300 M OF HYDRANT, WITHIN 13 KM OF FIREHALL, DEDUCTIBLE \$500 SECTION I.
0.5% INFLATION PROTECTION. REPLACEMENT COST ON ALL CONTENTS SECTION I COVERAGE C.
SOLID FUEL BURNING STOVES OR FURNACES MUST BE REPORTED TO US.
*** TENANT'S PACKAGE***

SECTION I - PROPERTY COVERAGES	AMOUNT OF INSURANCE	PREMIUM
C. PERSONAL PROPERTY	\$ 15,000	\$129.00
D. ADDITIONAL LIVING EXPENSE	\$ 7,500	

SECTION II - LIABILITY COVERAGE		
E. LEGAL LIABILITY	\$1,000,000	EACH OCCURRENCE
F. VOLUNTARY MEDICAL PAYMENTS	\$ 5,000	EACH PERSON

ADDITIONAL PREMIUMS -----	
SEWER BACKUP/WATER DAMAGE - LOCATION 1	INCL
REPLACEMENT COST ON CONTENTS	INCL
ELECTRONIC DATA PROCESSING	\$15.00

TOTAL FULL-TERM PREMIUM ***** \$144.00

* WE DO NOT INSURE LOSS OR DAMAGE TO YOUR PROPERTY CAUSED BY DOMESTIC ANIMALS AND/OR PETS OF ANY KIND THAT YOU OWN OR ARE IN YOUR CARE, CUSTODY OR CONTROL.





AUTO POLICY

POLICY NUMBER
93429-23442-84

Rio RO-1440-772

1001 K-Grid
The City

JZ-3832-039
INSURANCE SERVICES
POD: 992TS-2342:SIIS

Automobile Insurance Policy

THIS CARD TO BE SIGNED AND CARRIED IN THE INSURED VEHICLE AS PROOF OF INSURANCE

THE OWNER AND/OR OPERATOR OF THE VEHICLE DESCRIBED HEREIN IS INSURED AGAINST LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE BY REASON OF OPERATION OF SUCH VEHICLE. THE COVERAGE PROVIDED BY THIS CERTIFICATE ALSO SATISFIES THE MINIMUM LIMITS SET OUT BY THE RESPECTIVE LEGISLATION GOVERNING VEHICLE INSURANCE IN ANY AREA.

BASIC COVERAGE:	TERRITORY D, RATE CLASS 022	\$1,060.00
COLLISION & EXTENDED COVERAGE:		\$ 560.00
ANNUAL LICENSE FEE		\$ 60.00
TOTAL		\$1,680.00

EFFECTIVE DATE MM/DD/YY

EXPIRY DATE MM/DD/YY

PLATE #: 889R073

VIN: EIFK29DSAK490AK3361825-891528

* COMP COVERAGE WITH \$300 DEDUCTIBLE INCLUDES A \$200 DEDUCTIBLE FOR ANY CLAIM FOR WINDSHIELD DAMAGE CAUSED BY MISSILES OR FLYING OBJECTS.





AUTO POLICY

POLICY NUMBER
93429-23442-84

Sienna SA-2405-762

9-11346-E Grid
The City

JZ-3832-039
INSURANCE SERVICES
POD: 992TS-2342:SIIS

Automobile Insurance Policy

THIS DOCUMENT TO BE CARRIED IN THE INSURED VEHICLE AS PROOF OF INSURANCE.

THE OWNER AND/OR OPERATOR OF THE VEHICLE DESCRIBED HEREIN IS INSURED AGAINST LIABILITY FOR BODILY INJURY AND PROPERTY DAMAGE BY REASON OF OPERATION OF SUCH VEHICLE. THE COVERAGE PROVIDED BY THIS CERTIFICATE ALSO SATISFIES THE MINIMUM LIMITS SET OUT BY THE RESPECTIVE LEGISLATION GOVERNING VEHICLE INSURANCE IN ANY AREA.

BASIC COVERAGE: TERRITORY D, RATE CLASS 022	\$ 890.00
ANNUAL LICENSE FEE	\$ 60.00
TOTAL	\$ 950.00

EFFECTIVE DATE MM/DD/YY

EXPIRY DATE MM/DD/YY

PLATE #: 602 EEX

VIN: PAHK41GSFE357KL1132486-527318



DISABILITY POLICY

POLICY NUMBER
4357-632-0001

ZACK ZK-5219-901

1162 A-Grid
The City

BC-602-A4A
INSURANCE SERVICES
POD: 276B4-322:S12B

Disability Insurance Policy

Disability Insurance

This policy provides a monthly income if you become totally disabled due to accident or sickness and as a result are unable to work. We will pay you the amount stated in the contract terms, beginning 30 days after you become unable to work.

Benefits will not be paid for a sickness or injury for which you received medical treatment or consultation within six months of the effective date stated in the contract terms. This exclusion will not apply to a disability that begins more than 12 months after the effective date.

Disabilities resulting from the following will not be covered:

- criminal code offences and/or unlawful acts
- self-inflicted injury or illness
- war, riot, insurrection, civil commotion or service in the Armed Forces
- medical or surgical care that is cosmetic.

This policy is effective from the date listed in the contract terms. Benefits are payable until you reach the age of 65 or until you are able to return to work.

Premiums are calculated based on your age, gender, smoking status and the amount of coverage you require. Premiums on this policy are payable monthly at the amount specified in the contract terms. If any premium payment is not received by the due date, coverage will be terminated from the date of the unpaid premium.

CONTRACT TERMS

CERTIFICATE NUMBER	D744T2532 - 401
POLICY TYPE	CLASS 4P
INSURED NAME	ZACK ZK-5219-901
GENDER	MALE
EFFECTIVE DATE	MM/DD/YYYY
TERM PERIOD	CONTINUING
BENEFITS	\$ 4,400.00 PER MONTH
MONTHLY PREMIUM	\$ 264.00
PREMIUM PAYMENT DATE	FIRST DAY OF EACH MONTH
ADDITIONAL OPTIONS	NONE

