



GIFFORD ASSOCIATES
INSURANCE BROKERS INC.



Certificate of Insurance

as represented by
AVIVA INSURANCE COMPANY OF CANADA
(Herein called the Company)

INSURED: Condominium Corporation Number 345

ADDITIONAL INSURED: All Registered Unit Owners From Time To Time

LOCATION OF RISK: 1010 Polytek Street, Ottawa ON

AMOUNT OF INSURANCE ON BUILDING: \$7,918,500.00

DEDUCTIBLES:
All Other Perils: \$2,500.00
Earthquake: 5% of \$7,918,500.00 (Minimum of \$100,000.00)
Flood: \$25,000.00
Sewer backup, Water Damage & Freezing: \$5,000.00

EFFECTIVE & EXPIRY DATES: February 5, 2018 to February 5, 2019

LOSS PAYABLE: THE INSURED AND ALL REGISTERED MORTGAGEES WHO ARE FROM TIME TO TIME SECURED BY THE LANDS AND PROPERTIES OF CARLETON CONDO CORPORATION NUMBER 345

DIRECT DAMAGE

The Company named above hereby cover the Insured for the perils of insurance described, subject to the terms and conditions of POLICY NUMBER 81499069 and its attached forms.

This Certificate verifies that full Insurance of Value based on the replacement cost, as provided by the Insured at the inception of the policy and each subsequent renewal thereof, has been effected on all buildings owned by the Corporation, excluding Individual Owners Improvements made at the time of or after the original purchase or as described in the standard unit bylaw.

The Insurance reads in the name of CARLETON CONDOMINIUM CORPORATION NUMBER 345 and the persons who from time to time become owners of individual units.

LIABILITY INSURANCE

This Certificate further certifies that the interests of CARLETON CONDOMINIUM CORPORATION NUMBER 345 and the persons who from time to time become owners of individual units are covered for Comprehensive General Liability under POLICY NUMBER 81499069 of this Insurer, such provides protection for claims arising out of the ownership of the property described above.

It should be noted that this liability coverage does not, in any way, provide Personal Liability Insurance for the Individual Unit Owners.

This policy may be cancelled at any time on written consent of the Condominium Corporation to the Insurer, or by the Insurer giving sixty days notice in writing to the Insured. Cancellation must be in accordance with the cancellation clause contained in the Master Policy.

In witness thereof, the Insurer through their duly Authorized Representative for this purpose have executed this agreement. Dated at Ottawa, Ontario this 5th day of February 2018.

It is understood that this Certificate does not purport to describe all of the terms and conditions of the policies described above. Reference should be made to the Master Policies as effected by the Board of Directors of the Condominium Corporation.