

# 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>
To Whom It May Concern	Condominium Corporation 389
	52 - 5450 Canotek Road
	Ottawa ON
	POSTAL CODE K1J 9G3

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

RE: 5450, 5460, 5470, 5480 Canotek Road

Loss Payable: The Insured and All Registered Mortgagees who are from time to time secured by the lands and properties of Carleton Condominium Corporation #389

**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 OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY  <input type="checkbox"/> WAIVER OF SUBROGATION  <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION <input type="checkbox"/> <input type="checkbox"/>	Intact Insurance Company 501229DCS	2023/03/26	2024/03/26	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE		5,000,000	
					- EACH OCCURRENCE	1,000	5,000,000
				PRODUCTS AND COMPLETED OPERATIONS AGGREGATE		5,000,000	
				<input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		5,000,000	
				MEDICAL PAYMENTS		50,000	
				TENANTS LEGAL LIABILITY	1,000	500,000	
				POLLUTION LIABILITY EXTENSION			
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES	Intact Insurance Company 501229DCS	2023/03/26	2024/03/26	NON-OWNED AUTOMOBILES HIRED AUTOMOBILES		5,000,000	
<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOMOBILES <input type="checkbox"/> LEASED AUTOMOBILES ** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				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"/> Property - Building	Intact Insurance Company 501229DCS	2023/03/26	2024/03/26		5,000	17,511,538	
<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 30 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>(Commercial General Liability- but only with respect to the operations of the Named Insured)</small>
Arthur J. Gallagher Canada Limited	
11 Holland Avenue, Suite 410	
Ottawa ON	POSTAL CODE K1Y 4S1
<b>BROKER CLIENT ID:</b>	POSTAL CODE

**8. CERTIFICATE AUTHORIZATION**

ISSUER Arthur J. Gallagher Canada Limited	CONTACT NUMBER(S) TYPE Phone NO. 613-238-4444 TYPE NO. TYPE Fax NO. 613-907-3351 TYPE NO.
AUTHORIZED REPRESENTATIVE Chelsey Lemay-Burke	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE 2023/04/05 EMAIL ADDRESS chelsey_burke@ajg.com