



CERTIFICATE OF PROPERTY 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 Carleton Condo Corp. #42 c/o Deerpark Mgt. Ltd. 52-5450 Canotek Road Ottawa, ON K1J 9G3	2. INSURED'S FULL NAME AND MAILING ADDRESS Carleton Condo Corp #42 c/o Deerpark Management 52-5450 Canotek Road Ottawa, ON K1J 9G3
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3. LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES 3520 Downpatrick Crescent & 2270-2290 Cotter Crescent, Ottawa ON
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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.

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF INSURANCE (Canadian dollars unless indicated otherwise)		
				COVERAGE	DEDUCTIBLE	AMOUNT OF INSURANCE
<input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> BROAD FORM <input type="checkbox"/> CO-INSURANCE % _____ <input checked="" type="checkbox"/> STATED AMOUNT <input type="checkbox"/> MARGIN CLAUSE % _____	AVIVA Canada Inc. 81246309	21/01/29	22/01/29	<input checked="" type="checkbox"/> P.O.E.D <input checked="" type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> BUILDING <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> STOCK <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> C.O.E.D <input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> EXTRA EXPENSE <input type="checkbox"/> RENTAL INCOME <input checked="" type="checkbox"/> EARTHQUAKE <input checked="" type="checkbox"/> FLOOD <input type="checkbox"/> SEWER BACKUP <input type="checkbox"/> CONTRACTOR'S EQUIPMENT <input type="checkbox"/> CARGO _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	10000	25000000
<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> BROAD FORM <input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST						
<input checked="" type="checkbox"/> BOILER & MACHINERY/ EQUIPMENT BREAKDOWN OPTION # _____	AVIVA Canada Inc. 81221522-171	21/01/29	22/01/29		1000	41603409
	Intact Insurance 006-1271	21/01/29	22/01/29	Excess Property Policy	10000	17000000

5. ADDITIONAL INFORMATION
Commercial General Liability: \$3,000,000.00 (Aviva) \$1,000 Deductible on
Bodily Injury & Property Damage
Directors & Officers Liability: \$3,000,000.00 (Aviva) \$1,000 Deductible

6. 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.

7. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS Gifford Carr Ottawa West 100 Terence Matthews Crescent Kanata, ON POSTAL CODE K2M 1P7	8. INTERESTED PARTY NAME AND MAILING ADDRESS BROKER CLIENT ID: CARL042 NATURE OF INTEREST:
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9. CERTIFICATE AUTHORIZATION ISSUER Gifford Carr Ins Group AUTHORIZED REPRESENTATIVE Trish Watson SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Trish Watson</i>	CONTACT INFORMATION TYPE NO. TYPE NO. EMAIL ADDRESS DATE 21/02/10
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