



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
--------------------------------------------------	--------------------------------------------

Woodlands Phase I Co-Tenancy & c/o Deerpark Management Ltd. 52-5450 Canotek Road Ottawa, ON	Woodlands Phase I Co-Tenancy Gladeview Pvt. & Maple Park Pvt. Ottawa, ON
POSTAL CODE K1J 9G3	POSTAL CODE K1T 4C5

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

Sheds, Fences and Landscaping jointly owned by the Association including Sewers & Watermains, Roads and Fire Lane that are owned by the Co-Tenancy.

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
COMMERCIAL GENERAL LIABILITY <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 checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	AVIVA Canada Inc. 81710945	2023/10/31	2024/10/31	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE <input type="checkbox"/> PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION	 1,000 1,000	5,000,000 5,000,000 5,000,000 25,000 500,000
<input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES 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>	AVIVA Canada Inc. 81710945	2023/10/31	2024/10/31	NON OWNED AUTOMOBILE BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE EACH OCCURRENCE AGGREGATE		5,000,000
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/>						
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <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 **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.

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)
---------------------------------------------------	------------------------------------------------------------------------------------------------------------------

Gifford Carr Insurance Brokers Inc 100 Terence Matthews Crescent Ottawa, ON	
POSTAL CODE K2M 1P7	

BROKER CLIENT ID: WOODPHA-01	POSTAL CODE
-------------------------------------	-------------

8. CERTIFICATE AUTHORIZATION	
------------------------------	--

ISSUER Gifford Carr Insurance Brokers Inc	CONTACT NUMBER(S) TYPE Phone NO. (613) 596-9101 TYPE Fax NO. (613) 747-8522
AUTHORIZED REPRESENTATIVE Trish Watson	TYPE NO. TYPE NO.

SIGNATURE OF AUTHORIZED REPRESENTATIVE <i>Trish Watson</i>	DATE 2023/11/14	EMAIL ADDRESS twatson@giffordcarr.ca
------------------------------------------------------------	------------------------	---------------------------------------------