

# CSIO CERTIFICATE OF INSURANCE

DATE (YY/MM/DD)  
22/06/08

**BROKER** Utter/Morris Insurance Brokers  
3070 Mainway  
Burlington, ON L7M 3X1

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

**COMPANIES AFFORDING COVERAGE**

BROKER'S CLIENT ID: WENTW-4

COMPANY A **Travelers (The Dominion)**

**INSURED'S FULL NAME AND MAILING ADDRESS**  
Wentworth Condo Corp #325  
34 Hess St. S  
Hamilton, ON L8P 3N1

COMPANY B

COMPANY C

COMPANY D

**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 requirement, term or condition 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 the terms, exclusions and conditions of such policies.

**LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

TYPE OF INSURANCE	CO LTR	POLICY NUMBER	POLICY EFFECTIVE DATE (YY/MM/DD)	POLICY EXPIRATION DATE (YY/MM/DD)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)	
<b>COMMERCIAL GENERAL LIABILITY</b>					EACH OCCURRENCE	\$ 500000
<input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE	A	CCP8541514	22/07/01	23/03/01	GENERAL AGGREGATE	\$ 500000
<input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS	A	CCP8541514	22/07/01	23/03/01	PRODUCTS - COMP/OP AGG	\$ 500000
<input type="checkbox"/> EMPLOYERS'S LIABILITY					PERSONAL INJURY	\$ 500000
<input checked="" type="checkbox"/> CROSS LIABILITY					TENANT'S LEGAL LIABILITY	\$ 250000
<input checked="" type="checkbox"/> TENANT'S LEGAL LIABILITY	A	CCP8541514	22/07/01	23/03/01	MED EXP (Any one person)	\$ 2500
<input type="checkbox"/> NON-OWNED					NON-OWNED AUTO	\$
<input type="checkbox"/> HIRED					OPTIONAL POLLUTION LIABILITY EXTENSION	\$
<input type="checkbox"/> POLLUTION LIABILITY EXTENSION					(Per Occurrence)	\$
					(Aggregate)	\$
<b>AUTOMOBILE LIABILITY</b>					BODILY INJURY PROPERTY DAMAGE COMBINED	\$
<input type="checkbox"/> DESCRIBED AUTOMOBILES					BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
<input type="checkbox"/> LEASED AUTOMOBILES					PROPERTY DAMAGE	\$
<small>** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE</small>						
<b>EXCESS LIABILITY</b>					EACH OCCURRENCE	\$
<input type="checkbox"/> UMBRELLA FORM					AGGREGATE	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
(Specify) _____						
<b>OTHER LIABILITY (SPECIFY)</b>						

**ADDITIONAL INSURED**  
See Description of Operations

**DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS**  
It is agreed and understood that PMC York Properties Inc. is added as an additional insured but only with respect to the liability arising out of the operations of the named insured and only with respect to the CGL.

**CERTIFICATE HOLDER**  
PMC York Properties Inc  
Paul Casuccio  
111 York Rd,  
Hamilton, ON L9H 1L9

**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 to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**  
Hannah Pate 

**PRINT NAME INCLUDING POSITION HELD**  
Hannah Pate  
CSR

**FAX NUMBER**

**EMAIL ADDRESS**  
hpate@uttermorris.com

**COMPANY**  
Utter Morris Insurance Brokers

**DATE**  
22/06/08