

**CARLETON CONDOMINIUM  
CORPORATION 47**

Insurance Certificate





# CERTIFICATE OF LIABILITY INSURANCE

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>
Carleton Condominium Corporation #12, 15 & 47 158 McArthur Avenue  Vanier, Ontario K1L 7E7	Carleton Condominium Corporation #12, 15 & 47 158 McArthur Avenue Vanier, ON K1L 7E7

<b>3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES</b> (but only with respect to the operations of the Named Insured)
158 McArthur Avenue, Towers A, B & C Vanier, ON K1L 7E7 Named Insured: Carleton Condominium Corporation #12, 15, & 47 and all Registered Owners and mortgagees from time to time.

**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 the 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 checked="" 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"/> <input checked="" type="checkbox"/> Non-Owned Automobiles <input type="checkbox"/> Hired Automobiles	Intact Insurance Company  569337984	2017/ 11/ 1	2018/ 11/ 1	Commercial General Liability Bodily Injury and Property Damage Liability - - General Aggregate		10,000,000
				- Each Occurrence	1,000	5,000,000
				Products and Completed Operations Aggregate		5,000,000
				<input type="checkbox"/> Personal Injury Liability		5,000,000
				<input checked="" type="checkbox"/> Personal and Advertising Injury Liability		
				Medical Payments		25,000
				Tenants Legal Liability	1,000	500,000
				Pollution Liability Extension		
<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"/> building incl replacement <input type="checkbox"/> cost, earthquake, flood, <input type="checkbox"/> sewer backup, equipment <input type="checkbox"/> breakdown	Intact Insurance Company  569337984	2017 / 11 / 1	2018 / 11 / 1	broad form	50,000	113,130,027

**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> (Commercial general Liability - but only with respect to the operations of the Named Insured)
Mantha Insurance Brokers Ltd. 295 Montreal Road Vanier, ON K1L 6B8  BROKER CLIENT ID: CHAV01	

<b>8. CERTIFICATE AUTHORIZATION</b>			
Issuer	Mantha Insurance Brokers Ltd.	Contact Number(s)	
Authorized Representative	Marsha Weir	Type	No
Signature of Authorized Representative		Type phone	No (613) 746-1450
		Type fax	No (613) 746-9836
		Date	EEmail Address
		2017   10   18	marsha@manthainsurance.com