

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.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
York Condominium Corporation No. 84 331 Military Trail Scarborough, Ontario M1E 4E4	All-Risks Insurance Brokers Limited (Victoria Park) 511 McNicoll Avenue, Suite 202 North York, ON M2H 2C9 BROKER'S CLIENT ID: 081207
POSTAL CODE N8X 1K5	

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 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 <small>(Canadian dollars unless indicated otherwise)</small>		
				Coverage	Deductible	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 checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Intact Insurance Company of Canada 501344944	2018-04-17	2019-04-17	EACH OCCURRENCE GENERAL AGGREGATE PRODUCTS-COMP/OP AGG <input type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY TENANT'S LEGAL LIABILITY MED EXP (Any one person) NON-OWNED AUTO OPTIONAL POLLUTION LIABILITY EXTENSION (Per Occurrence) (Aggregate)	\$ \$1,000 \$ \$ \$1,000 \$ \$ \$ \$ \$	5,000,000 3,000,000 3,000,000 3,000,000 1,000,000 25,000 3,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES** <input type="checkbox"/> ** 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	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify)				EACH OCCURRENCE AGGREGATE	\$ \$	
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Condominium Directors and Officers Liability <input type="checkbox"/>	Intact Insurance Company of Canada 501344944	2018-04-17	2019-04-17			2,000,000

ADDITIONAL INSURED - NAME AND MAILING ADDRESS <small>Applies only to Commercial General Liability, but only with respect to the operations of the Named Insured. Additional Insured does not apply to any form of Automobile coverage.</small>	DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS
	76 Unit Townhouse Complexes Proof of Insurance for location YCC84
CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	CANCELLATION
York Condominium Corporation No. 84 331 Military Trail Scarborough, Ontario M1E 4E4	Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder named on 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	Tommy Boichevski - Managing Partner
FAX NUMBER 1 855 552 7329	EMAIL ADDRESS tboichevski@all-risks.com
ISSUER All-Risks Insurance Brokers Limited	
DATE Apr 23 2018	

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

York Condominium Corporation No. 84
331 Military Trail
Scarborough, ON Postal Code: M1E 4E4

② INSURED'S FULL NAME AND MAILING ADDRESS

York Condominium Corporation No. 84
331 Military Trail
Scarborough, ON Postal Code: M1E 4E4

③ LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES

Confirmation of Insurance for YCC No. 84

④ COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured name 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
<input checked="" type="checkbox"/> Property <input type="checkbox"/> Named Perils <input checked="" type="checkbox"/> Broad Form <input type="checkbox"/> Co-Insurance % ____ <input type="checkbox"/> Stated Amount <input type="checkbox"/> Margin Clause % ____				<input type="checkbox"/> P.O.E.D <input type="checkbox"/> RC <input type="checkbox"/> ACV		
				<input checked="" type="checkbox"/> Building <input checked="" type="checkbox"/> RC <input type="checkbox"/> ACV		13,381,354
				<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 type="checkbox"/> Earthquake		
				<input type="checkbox"/> Flood		
<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 type="checkbox"/> Sewer Backup		
				<input type="checkbox"/> Contractors Equipment		
				<input type="checkbox"/> Cargo _____		
				<input type="checkbox"/>		
<input type="checkbox"/> Boiler & Machinery / Equipment Breakdown Option # _____				<input type="checkbox"/>		
				<input type="checkbox"/>		

⑤ ADDITIONAL INFORMATION

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

All – Risks Insurance Brokers Limited
511 McNicoll Avenue Suite 202
North York, ON Postal Code: M2H 2C9
Broker client ID:

⑧ INTERESTED PARTY NAME AND MAILING ADDRESS

Nature of Interest:

⑨ CERTIFICATE AUTHORIZATION

Issuer: All-Risks Insurance Brokers Ltd.
Authorized Representative: Tommy Boichevski
Signature of Authorized Representative:

Contact Information
Type Phone No. (416) 628 7949 Type Fax No. (855) 552 7329
Email Address tboichevski@all-risks.com

Date: April 23, 2018

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.

INSURED'S FULL NAME AND MAILING ADDRESS	BROKER'S FULL NAME AND MAILING ADDRESS
York Condominium Corporation No. 84 331 Military Trail Scarborough, Ontario M1E 4E4	All-Risks Insurance Brokers Limited (Victoria Park) 511 McNicoll Avenue, Suite 202 North York, ON M2H 2C9
	BROKER'S CLIENT ID: 081207
	POSTAL CODE N8X 1K5

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 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	Deductible	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 checked="" type="checkbox"/> CROSS LIABILITY <input type="checkbox"/> WAIVER OF SUBROGATION <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Intact Insurance Company of Canada 501344944	2018-04-17	2019-04-17	EACH OCCURRENCE	\$	5,000,000
				GENERAL AGGREGATE	\$1,000	3,000,000
				PRODUCTS-COMP/OP AGG	\$	3,000,000
				<input type="checkbox"/> PERSONAL INJURY <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY	\$	3,000,000
				TENANT'S LEGAL LIABILITY	\$1,000	1,000,000
				MED EXP (Any one person)	\$	25,000
				NON-OWNED AUTO	\$	3,000,000
				OPTIONAL POLLUTION LIABILITY EXTENSION	\$	
				(Per Occurrence)	\$	
				(Aggregate)	\$	
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES** <input type="checkbox"/> <input type="checkbox"/> ** 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	\$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify)				EACH OCCURRENCE	\$	
				AGGREGATE	\$	
OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>						

ADDITIONAL INSURED - NAME AND MAILING ADDRESS

Applies only to Commercial General Liability, but only with respect to the operations of the Named Insured. Additional Insured does not apply to any form of Automobile coverage.

Toronto District School Board
5050 Yonge Street
Toronto, ON M2N 5N8

DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS

76 Unit Townhouse Complexes

Proof of Insurance for Location of YCC84 AGM to be held at Highcastle Public School on site

CERTIFICATE HOLDER - NAME AND MAILING ADDRESS

Toronto District School Board
5050 Yonge Street
Toronto, ON M2N 5N8

CANCELLATION

Should any of the above policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder named on 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


Tommy Boichevski - Managing Partner

FAX NUMBER
1 855 552 7329

EMAIL ADDRESS
tboichevski@all-risks.com

ISSUER All-Risks Insurance Brokers Limited

DATE Apr 23 2018


All-Risks Insurance Brokers LIMITED
 202-511 MCNICOLL AVENUE
 NORTH YORK, ON M2H 2C9