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 REDUC	ED 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				EACH OCCURRENCE	\$	5,000,000
COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE	\$1,000	3,000,000
				PRODUCTS-COMP/OP AGG	\$	3,000,000
☐ CLAIMS MADE <u>OR</u> ☒ OCCURRENCE ☒ PRODUCTS AND/OR COMPLETED OPERATIONS ☐ EMPLOYER'S LIABILITY ☒ CROSS LIABILITY	latest lessurence Company			PERSONAL INJURY PERSONAL AND ADVERTISING INJURY LIABILITY	\$	3,000,000
☐ WAIVER OF SUBROGATION	Intact Insurance Company of Canada	2018-04-17	2019-04-17	TENANT'S LEGAL LIABILITY	\$1,000	1,000,000
 ☑ TENANTS LEGAL LIABILITY ☑ NON-OWNED AUTOMOBILES 	501344944	2010-04-17	2010-04 11	MED EXP (Any one person)	\$	25,000
☐ HIRED AUTOMOBILES	001041011			NON-OWNED AUTO	\$	3,000,000
☐ POLLUTION LIABILITY EXTENSION				OPTIONAL POLLUTION LIABILITY EXTENSION	\$	
				(Per Occurrence)	\$	
				(Aggregate)	\$	
AUTOMOBILE LIABILITY				BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	
☐ DESCRIBED AUTOMOBILES ☐ ALL OWNED AUTOS ☐ LEASED AUTOMOBILES**			174	BODILY INJURY (Per Person)	\$	
LEASED AUTOMOBILES				BODILY INJURY (Per Accident)	\$	
** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				PROPERTY DAMAGE	s	
EXCESS LIABILITY				EACH OCCURRENCE	\$	
EXCESS LIABILITY				AGGREGATE	\$	
UMBRELLA FORM OTHER THAN UMBRELLA FORM (specify)						
OTHER LIABILITY (SPECIFY) ☑ Condominium Directors and Officers Liability □	Intact Insurance Company of Canada 501344944	2018-04-17	2019-04-17			2,000,000
ADDITIONAL INSURED - NAME AND MAILING ADDRESS Applies only to Commercial General Liability, but only with respect to the operations of the Named Insured.		DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS				
Additional Insured does not apply to any form of Automobile coverage.		76 Unit Townhous Proof of Insurance	e Complexes e for location YCC8	4		
CERTIFICATE HOLDER – NAME AND MAILING ADDRESS York Condominium Corporation No. 84 331 Military Trail Scarborough, Ontario M1E 4E4		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 – Ma				
//	MAIL ADDRESS poichevski@all-risks.com	ISSUER All-Risks Insurance Brokers Limited DATE Apr 23 2018			or 23 2018	



	CERTIFIC	ATE OF P	ROPER1	TY INSURANCE			
This certificate is issued as a	matter of information onli certificate does not ame	y and confers no nd, extend or alt	rights upon t er the covera	he certificate holder and impo ge afforded by the policies bel	ses no liability on ow.	the insurer. This	
①CERTIFICATE HOLDER – NAME AND MAILING ADDRESS			②INSU	②INSURED'S FULL NAME AND MAILING ADDRESS			
York Condominium Corporation No. 84			York Co	ndominium Corporation No.	. 84		
331 Military Trail			331 Mil	itary Trail			
Scarborough, ON	Postal Code: M1E	4E4	Scarbor	ough, ON	Postal Code:	M1E 4E4	
3 LOCATION OF PREMISE	S / DESCRIPTION OF PR	OPERTY TO WI	HICH THIS C	ERTIFICATE APPLIES			
Confirmation of Insurance f							
2							
4 COVERAGES							
This is to certify that the policies o	t or other document with res	pect to which this	insured name certificate may	above for the policy period indicate be issued or may pertain. The insur	ed notwithstanding a rance afforded by the	ny requirements, e policies described	
	INSURANCE	EFFECTIVE	EXPIRY	LIMITS OF INSURANCE			
	COMPANY AND	DATE	DATE	(Canadian dollars unless indicated otherwise)			
TYPE OF INSURANCE	POLICY NUMBER	YYYY/MM/DD	YYYY/MM/DD	COVERAGE	DEDUCTIBLE	AMOUNT	
✓ Property				P.O.E.D RC ACV			
Named Perils				Building RC ACV		13,381,354	
Broad Form				Equipment RC ACV			
Co-Insurance % Stated Amount				Stock RC ACV			
				Business Income			
				Extra Expense			
				Rental income			
				Earthquake			
				Flood			
				Sewer Backup			
Inland Marine				Contractors Equipment			
☐ Named Perils				Cargo			
Broad Form							
Actual Cash Value							
Replacement Cost							
Boiler & Machinery / Equipment Breakdown							
Option #							
(5) ADDITIONAL INFORMA	TION						
© CANCELLATION							
Should any of the above desc	ribed policies be cancelle	d before the exp	iration date t	hereof, the issuing company w	ill endeavor to ma	ail 30 days written	
	er named above, but failu	re to mail such n	otice shall im	pose no obligation or liability	of any kind upon t	he company, its	
agents or representatives.			I @		NAAHING ADDI	SECO STATE	
D BROKERAGE/AGENCY		NG ADDRESS	®INT	ERESTED PARTY NAME AND	MAILING ADDI	KESS	
All – Risks Insurance Broke							
511 McNicoll Avenue Suite					Doct-I Co. I.	· I	
North York, ON	Postal Cod	e: M2H 2C9			Postal Code	:-	
Broker client ID:			Nature	of Interest:			
9 CERTIFICATE AUTHORI	ZATION						
Issuer: All-Risks Insurance Brokers Ltd.			t Information	Eav No. (955) 553	7220		
Authorized Representative: Tommy Boichevski				Type Phone No. (416) 628 7949 Type Fax No. (855) 552 7329 Email Address tboichevski@all-risks.com			
Signature of Authorized Repr					Date: April 23, 201		
SIO - CERTIFICATE OF PROPERTY	INSURANCE CA4302E 201109	9		© 2011, Centre for Study of	i insurance Operatio	ns. All rights reserved	

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

CERTIFICATE OF LIABILITY INSURANCE

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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 EXPIRY DATE LIMITS OF LIABILITY **FFFECTIVE** TYPE OF INSURANCE INSURANCE COMPANY AND POLICY NUMBER DATE (YYYY/MM/DD) (YYYY/MM/DD) Amount of Coverage Deductible Insurance 5,000,000 \$ FACH OCCURRENCE COMMERCIAL GENERAL LIABILITY \$1,000 3,000,000 GENERAL AGGREGATE 3,000,000 PRODUCTS-COMP/OP AGG \$ ☐ CLAIMS MADE OR ☑ OCCURRENCE ☑ PRODUCTS AND/OR COMPLETED OPERATIONS ☐ PERSONAL INJURY ☑ PERSONAL AND ADVERTISING INJURY LIABILITY 3.000.000 ☐ EMPLOYER'S LIABILITY \$ ☑ CROSS LIABILITY Intact Insurance Company ☐ WAIVER OF SUBROGATION TENANT'S LEGAL LIABILITY \$1,000 1,000,000 ☑ TENANTS LEGAL LIABILITY
 ☑ NON-OWNED AUTOMOBILES 2018-04-17 2019-04-17 of Canada MED EXP (Any one person) 25.000 501344944 \$ ☐ HIRED AUTOMOBILES 3.000.000 NON-OWNED AUTO \$ ☐ POLLUTION LIABILITY EXTENSION OPTIONAL POLLUTION LIABILITY \$ EXTENSION (Per Occurrence) \$ \$ (Aggregate) BODILY INJURY AND PROPERTY DAMAGE COMBINED \$ **AUTOMOBILE LIABILITY** ☐ DESCRIBED AUTOMOBILES BODILY INJURY \$ ALL OWNED AUTOS LEASED AUTOMOBILES** BODILY INJURY \$ (Per Accident) ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO \$ PROPERTY DAMAGE PROVIDE INSURANCE \$ EACH OCCURRENCE **EXCESS LIABILITY** AGGREGATE \$ TI UMBRELLA FORM OTHER THAN UMBRELLA FORM (specify) OTHER LIABILITY (SPECIFY) ADDITIONAL INSURED - NAME AND MAILING ADDRESS DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS 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. 76 Unit Townhouse Complexes Toronto District School Board 5050 Yonge Street Proof of Insurance for Location of YCC84 AGM to be held at Highcastle Public School on site Toronto, ON M2N 5N8 CERTIFICATE HOLDER - NAME AND MAILING ADDRESS CANCELLATION Toronto District School Board Should any of the above policies be cancelled before the expiration date thereof, the issuing company will 5050 Yonge Street endeavour to mail 30 days written notice to the certificate holder named on the left, but failure to mail such Toronto, ON M2N 5N8 notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. Tommy Boichevsi - Managing Partner SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE Apr 23 2018 FAX NUMBER **FMAIL ADDRESS** ISSUER All-Risks Insurance Brokers Limited tboichevski@all-risks.com 1 855 552 7329

