

Cancellation / Non-acceptance of this Policy

Policy Number: 9000531

Named Insured(s)

Owners of Strata Plan NES 2964

Policy Mailing Address

911 Baker Street
Cranbrook, BC
V1C 1A4

Broker Name and Address

HUB International Barton Insurance Brokers
307 Cranbrook St N
CRANBROOK, BC
V1C 3R4
Telephone: (250)426-8261
Fax: (250)426-5056

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If you no longer require this Policy, please complete and return the portion below otherwise leave blank. We strongly recommend that you discuss this decision with your Broker to ensure your valuable assets are protected.

Cancellation Agreement

I the undersigned Insured named in policy 9000531 and renewal certificates (if any), hereby acknowledge the cancellation thereof as of _____ at 12:01 a.m. standard time and agree that all liability of Gore Mutual Insurance Company with respect to accidents, losses or damage occurring on and after that date is hereby terminated.
Day / Month / Year

Signature (only required if cancelling this Policy)



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Policy Number: 9000531
Process Date: Jan 31, 2011
New Business

Business Plus Policy Declarations

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Policy Period	From:	To:
(All times are local times at the Named Insured's postal address shown on this Certificate)	Jan 23, 2011 12:01 a.m.	Jan 23, 2012 12:01 a.m.

Insured's Occupancy/Operation	Occupancy by Others
Location 1 Building Owner	

Address of Insured Location	Location Information
112 17 Avenue Cranbrook, BC V1C 3A5	Building Construction: Frame Building Age: 1980 <i>If Building Age over 40 Years or Roof over 20 Updates listed below:</i> Roof: 2009 Heating: Plumbing: Electrical: Sprinklers: No Burglary Alarm: None

Mortgagee(s), If any, Payable to: Insured
Lienholder(s) / Loss Payee(s), If any, Payable to: Insured

Schedule of Coverages

(Insurance provided subject to the Declarations, Terms, Conditions of the policy and its Form(s) only for the coverages for which specific Form(s) are attached and for which a specific Limit or Amount of Insurance is shown hereunder.)

Property Form(s)	Edition	Coverage Description	Deductible	Co-Insurance	Limits of Insurance (\$)	Premium (\$)
G00001	07/2004	Building, Equipment and Stock - Broad Form			See Below	
		Building	\$ 1000	90%	3,165,000	
		Equipment	\$ 1000	90%	25,000	
		Replacement Cost			Included	
G00047	12/2000	Sewer Back-Up End't	\$ 5000		3,190,000	
G00005	12/2000	Earthquake End't	Min 10% / \$ 50000		Included	
G00034	12/2000	Flood End't	\$ 10000		Included	
G00124	11/2008	Water Damage Deductible End't	\$ 5000		Included	
G00177	01/2007	Condominium Building Ext'n			See Form	
		Accounts Receivable	\$ 1000		25,000	
		Automatic Fire Suppression System Recharge Expense	\$ 1000		10,000	
		Brands and Labels	\$ 1000		10,000	
		Building By Laws End't - Blanket	\$ 1000		Included	
		Building Damage By Theft	\$ 1000		10,000	
		Co-Insurance Waiver	\$ 1000		Included	
		Common Expense	\$ 1000		Included	
		Consequential Loss Assumption	\$ 1000		10,000	
		Exhibition Floater	\$ 1000		10,000	
		Exterior and Interior Glass	\$ 1000		Included	
		Extra Expense	\$ 1000		25,000	
		Fine Arts	\$ 1000		5,000	
		Fire Department Charges	\$ 1000		5,000	
		Growing Flowers, Plants, Shrubs or Trees in the Open	\$ 1000		5,000	
		Inflation Protection	\$ 1000		Included	
		Installation Floater	\$ 1000		10,000	
		Leasehold Interests - Rents	\$ 1000		12,000	
		Master Key	\$ 1000		10,000	
		Newly Acquired Equipment and Stock	\$ 1000		500,000	
		Newly Acquired Location - Building	\$ 1000		1,000,000	
		Off Premises Power Interruption	\$ 1000		5,000	



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Property			Deductible	Co-Insurance	Limits of Insurance (\$)	Premium (\$)
Form(s)	Edition	Coverage Description				
		Other Transit	\$ 1000		10,000	
		Parcel Post	\$ 1000		5,000	
		Peak Season Increase	\$ 1000		Included	
		Personal Property of Employees	\$ 1000		10,000	
		Professional Fees	\$ 1000		10,000	
		Property of Others	\$ 1000		25,000	
		Property Temporarily Away from Premises	\$ 1000		10,000	
		Sales Representative	\$ 1000		10,000	
		Sewer Back-Up	\$ 1000		Included	
		Sign Floater	\$ 1000	100%	2,500	
		Trustee Fees	\$ 1000		50,000	
		Valuable Papers	\$ 1000		25,000	
G00021	07/2004	Extra Expense			25,000	

Liability			Deductible	Limits of Insurance (\$)	Premium (\$)
Form(s)	Edition	Coverage Description			
G20001	04/2003	Commercial General Liability		See Below	
		Bodily Injury and Property Damage	\$ 1000	5,000,000	
		Personal Injury Liability		5,000,000	
		Products and Completed Operations Aggregate Limit		5,000,000	
		Medical Payments - Each Accident		25,000	
		Medical Payments - Each Person		2,500	
		Tenants Legal Liability - Broad Form	\$ 1000	100,000	
G20027	12/2000	Building Owners Interest Only End't		Included	
G20045	09/2006	Non Profit Condo Corp Directors and Officers Liability	\$ 1000	2,000,000	

Equipment Breakdown			Deductible	Limits of Insurance (\$)	Premium (\$)
Form(s)	Edition	Coverage Description			
G30010	08/2008	Equipment Breakdown Form - Business Policy		See Below	
		Insured Equipment - Option 2	\$ 1000	3,190,000	

Total Location Premium: \$ 6,626



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Location 1		Liability Rating Schedule				Limits of Insurance (\$)	
Form	Edition	Coverage Description					
G20001	04/2003	Commercial General Liability					5,000,000
Item	Classification		Class Code	Rating Basis	Basis	Rate	Premium (\$)
1	Condominium - Low Rise - No Mercantile Occupancy		6650	First 10 Suites	10	9.074	550
2	Condominium - Low Rise - No Mercantile Occupancy		6650	Next 15 Suites	15	4.654	70
3	Condominium - Low Rise - No Mercantile Occupancy		6650	Next 25 Suites	2	3.315	7
Subtotal Premium							627
Total Advanced Premium							627

