

HUB International Insurance Brokers #201, 5227 - 55 Avenue Edmonton, AB, Canada T6B 3V1 T: (780) 482-6936 F: (780) 488-7077

		CONDOMINIUM CI	ERTIFICATE OF INSURAI	NCE	www.hubint	ernational.com
	ED.					
NAMED INSURED: PROPERTY MANAGEMENT COMPANY:		Condominium Corporation No. 0924818 o/a MacEwan Gardens II KDM Management Inc				
MAILING ADDRESS:						
POLICY PERIOD:		C/O: KDM Management Inc. #210, 150 Carleton Drive, St. Albert, AB T8N 6W2 From: October 1, 2022 To: October 1, 2023				
FOLICT FERIOD.		12:01 AM standard time at the Postal Address of the Insured				
INSURED LOC	ATION:	263 MacEwan Road SW, Edmonton, Alb				
CONSTRUCTION: OCCUPANCY:		Frame Storey(s):	: 4	Building(s): 1	Square Feet: 1	54030
		Apartment Residential Units	: 149	Commercial Units: 0		
Insurance is pro	vided, subject to Declaration	ns, along with Supplementary Declarations	, Policy Conditions, Forms,	, Riders and Endorsemer	nts, if any, issued to form part t	hereof,
complete the Po	blicy.					
	00/50405	SCHEDU	LE OF INSURANCE			1 10 41 7
SECTION I	COVERAGE PROPERTY				DEDUCTIBLE	LIMIT
SECTION I	All Property				\$25,000	\$40,680,00
						\$40,680,00
	Sewer Back-up Coverage Water Damage				\$50,000 \$50,000	Include
	Flood Damage				\$50,000	Include
	Earthquake Damage				5% / \$100,000 Minimum	Include
	Fireplaces				\$0	Include
SECTION II	COMMERCIAL GENERAL				ψŭ	molade
SECTION	Each accident or ocurrence					\$10,000,00
		Per ocurrence Property Damage			\$2,500	ψ10,000,00
SECTION IV	DIRECTORS & OFFICERS					
0L0 HOITH	Each Loss Limit (Claims M				\$1,000	\$2,000,00
SECTION VI	COMPREHENSIVE CRIME				\$1,000	φ2,000,000
	Employee Dishonesty Form				\$500	\$1,000,000
SECTION VII	EQUIPMENT BREAKDOW				\$500	\$1,000,000
	Direct Damage				\$1,000	\$40,680,00
SECTION VIII	VOLUNTEER ACCIDENT				\$1,000	ψ+0,000,00
	Specific Loss Accident Inde	empity			\$Nil	\$200.00
LOSS IF ANY F		Lenders and Mortgage Companies are re	eferred to the provisions of	the Alberta Condominiun		
TO:		Statutes of Alberta 2000; and to the by-la				
		disbursement and utilization of the insura	nce proceeds.			
		(The Standard Mortgage Clause is app	licable unless Special M	ortgage Clause attache	ed)	
TOTAL PREMI	UM PAYABLE					
		LIST OF INSURE	ERS/SERVICE PROVIDER	RS		
Insurance Com	pany/Service Provider		Section	n	Policy No.	
			Property		KDM1659173	
		on file with HUB International Insurance sers	Commercial General Liab	pility	KDM1659173	
			Commercial Umbrella Lia	ability	KDM1659173	
			Directors & Officers		KDM1659173	
As ner Subsc	ribing Insurance Companies		Excess Directors & Office	ers	BSP80026/KDM1659173	
, is per oubsu	Brok		Comprehensive Crime		BSP80026/KDM1659173	
	Biol		Equipment Breakdown		CMP81664994/KDM1659173	
			Volunteer Accident		HUBP1000	
			Legal Expense		BSP80026/KDM16591	-
			Crime		BSP80026/KDM16591	
			Terrorism		BSP80026/KDM16591	

This Policy shall not be valid unless countersigned by a duly Authorized Representative of the Insurer

HUB International Insurance Brokers

Dated:

September 23, 2022

Helier Per:

(Authorized Representative)

This is to certify that the policy of insurance as described above has been arranged through this office for the Condominium Corporation named above for whom this certificate is executed. The issuance of this certificate does not impose any responsibility upon HUB International Insurance Brokers or the Insurer(s) to maintain the coverage stated or advise of the termination of any policies beyond that required by the terms and conditions of these policies.

This certificate is for information purposes only and is subject to all the limitations, exclusions and conditions of the above-listed policies as they now exist or may hereafter be endorsed. If there is a discrepancy between this certificate and the policy documents the policy documents shall prevail.