Condominium Unit Owners Pak



Policy Co	over Page	(Page 1 of 2)	Date Produc	ed: September 8, 2022		2260 11th Ave Regina, SK S4P 0J9		
Effective Date		Expiry Date	Declaration of	Premium		Policy N	umber	
October 24,	2022	October 24, 2023	Renewal	\$405		Н 3026	Н 30261221-6	
12:01 AM at your postal address as shown		12:01 AM at your postal address as shown.		Brackets indicate a retu	Brackets indicate a return premium.		s Policy	
			CC: 00	Billing Method: Broker Bill				
Name and Pos	stal Address			Broker Name and Address				
				HARVARD WESTERN INSU	RANCE	E SI	K 0478-02	
	6469 ROCHDALE BLVD464 MCCARTHY BLVDREGINA SKS4X 2Y9REGINA SKS4R 7M						Felephone	
KLOIN	A SK 54A 2	.19		KEOINA SK S4K /WZ		(30	6) 777-0654	
						(30	Fax 6) 949-9499	
				info@harvardwestern.com		(50	0)) 1)) 1))	
Booklet		Property De	scription / Covera	ge	Cover	Amount of	Premium	
or Form		¥ v	•	0	Code	Protection (\$)	(\$)	
	Fire Insura amount pa		tains a claus	e which may limit the				
	-	•						
				ontact your broker immediately for the length of time the Policy				
	is in force.	sudetions. Tou will be charg	ged a premium	for the length of thic the foncy				
		· · .						
		ormation on our products or visit www.sgicanada.ca		privacy policy please contact				
		A now offers paperless in r broker to sign up now fo	-	us protect the environment!				
	booklets as io		lumn. If you h	more SGI CANADA policy ave not received a copy of the n request.				
	Inflation Pro	tection Factor: 3.0%						
	Policy Discou *Claims	unt(s) Applied: Free						
	Condominiu	m Pak II						
	Location #1							
	6469 Rochd	ale Boulevard Regina, SK S	S4X2Y9					
	Discount(s) A *Age/Lo							
TC-31	Belongings (Owner Occupied)			C	59,000	375	
TC-31		nt of Protection			C	826,000	Included	
	(Includes Cor	ntingent Coverage, Unit Imp or Loss to Condominium Pr		Betterments, and Loss				
TC-31	Legal Expens		opony)			50,000	Included	
	- ·	ne call 1-855-953-1430				20,000		
TC-31	Identity Theft	Coverage				15,000	Included	
TC-31	Sewer Backuj	p Coverage					30	

This policy is valid only if signed by an authorized Representative

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Policy Co	over Page	(Page 2 of 2)	Date Produce	ed: September 8, 2022		2260 11th Ave Regina, SK S4P 0J9		
Effective Date		Expiry Date	Declaration of			Policy N	umber	
October 24,	2022	October 24, 2023 Renewal				Н 30261221-6		
12:01 AM at your po	stal address as shown.	12:01 AM at your postal address as s	hown.			Replace	Replaces Policy	
			CC: 00	Billing Method: Broker Bill				
Name and Pos				Broker Name and Address				
BALE EDWARD HARVARD WESTERN INSU				RANCE	SK 0478-02			
	6469 ROCHDALE BLVD464 MCCARTHY BLVD NREGINA SKS4X 2Y9REGINA SKS4R 7M2					Telephone		
						(30	6) 777-0654 Fax	
						(30	6) 949-9499	
				info@harvardwestern.com				
Booklet or Form		Property	Description / Covera	ge	Cover Code	Amount of Protection (\$)	Premium (\$)	
	*Deduct	ible Amount \$500						
	Personal Lia	hility						
TC-31	Personal Liab	•				5,000,000	Included	
	Loss Assessm	ent - Liability - Condon	ninium Unit Owners	5		5,000,000	Included	
	This Policy shall be subject to a Minimum Retained Premium of \$50							
	You must tell us if you have a Solid Fuel Heating Appliance (eg. wood, coal, grain), in your dwelling or detached outbuilding or elsewhere on your premises. Fireplaces do not need to be reported unless located in a mobile home. A fireplace insert is not considered a built in fireplace and must be reported. You must also tell us if you have Oil Heat in your dwelling or detached outbuilding or elsewhere on your premises. Failure to do so may affect the coverage provided. Contact your Broker, if you have not already done so. You must tell us about any change in occupancy to your dwelling. This includes your dwelling becoming vacant or rented to others. Failure to do so may affect your coverage.							

This policy is valid only if signed by an authorized Representative

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Property Mortgage Clause:

The following Mortgage Clause applies only where the INTEREST OF THE MORTGAGEE is on a dwelling or building(s), as defined in the policy wording and ONLY for the Mortgagee shown as Loss Payable on the Policy Cover Page at the Location(s) insured under this policy. The "Insurer" referred to in this clause is SGI CANADA.

It is hereby provided and agreed that:

- (1) This insurance and every documented renewal thereof AS TO THE INTEREST OF THE MORTGAGEE ONLY THEREIN is and shall be in force notwithstanding any act, neglect, omission or misrepresentation attributable to the mortgagor, owner or occupant of the property insured, including transfer of interest, any vacancy or non-occupancy, or the occupation of the property for purposes more hazardous than specified in the description of the risk; PROVIDED ALWAYS that the Mortgage shall notify forthwith the Insurer (if known) of any vacancy or non-occupancy extending beyond thirty (30) consecutive days, or of any transfer of interest or increased hazard THAT SHALL COME TO HIS KNOWLEDGE; and that every increase of hazard (not permitted by the policy) shall be paid for by the Mortgagee on reasonable demand from the date such hazard existed, according to the established scale of rates for the acceptance of such increased hazard, during the continuance of this insurance.
- (2) Whenever the Insurer pays the Mortgagee any loss award under this policy and claims that as to the Mortgagor or Owner no liability therefor existed, it shall be legally subrogated to all rights of the Mortgagee against the Insured; but any subrogation shall be limited to the amount of such loss payment and shall be subordinate and subject to the basic right of the Mortgagee to recover the full amount of its mortgage equity in priority to the Insurer; or the Insurer may at its option pay the Mortgagee all amounts due or to become due under the mortgage or on the security thereof, and shall thereupon receive a full assignment and transfer of the mortgage together with all securities held as collateral to the mortgage debt.
- (3) If there be other valid and collectible insurance upon the property with loss payable to the Mortgagee at law or in equity then any amount payable thereunder shall be taken into account in determining the amount payable to the Mortgagee.
- (4) In the absence of the Insured, or the inability, refusal or neglect of the Insured to give notice of loss or deliver the required Proof of Loss under the policy, then the Mortgagee may give the notice upon becoming aware of the loss and deliver as soon as practicable the Proof of Loss.
- (5) The term of this mortgage clause coincides with the term of the policy; PROVIDED ALWAYS that the Insurer reserves the right to cancel the policy as provided by Statutory provision but agrees that the Insurer will neither terminate nor alter the policy to the prejudice of the Mortgagee without the notice stipulated in such Statutory provision.
- (6) Should title or ownership to said property become vested in the Mortgagee and/or assigns as owner or purchaser under foreclosure or otherwise, this insurance shall continue until expiry or cancellation for the benefit of the said Mortgagee and/or assigns.

SUBJECT TO THE TERMS OF THIS MORTGAGE CLAUSE (and these shall supersede any policy provisions in conflict therewith BUT ONLY AS TO THE INTEREST OF THE MORTGAGEE), loss under this policy is made payable to the Mortgagee.

Loss Payable Clause:

The following clause applies to all property, except a dwelling or building(s) already subject to the Property Mortgage Clause and only if the Loss Payable(s) is shown on the Policy Cover Page, as having an interest in such property:

It is understood and agreed that loss, if any, under this Policy shall, in the event that this property is not repaired or the lost or damaged property is not replaced, be payable to the Insured and to the named Loss Payable (Lienholder).

If the insurance provided by this policy is cancelled, the Insurer hereby agrees to give fifteen days written notice to the Loss Payable(Lienholder).

Release of Interest:
I (We) release my (our) right, title and interest on this Policy in its entirety on Location # only on Item # Describe Property Heading and Item #
and all benefit and advantage to be derived therefrom, subject nevertheless, to all its terms and conditions as of
Signature of Loss Payable:
Cancellation Release:
I (We) request that this policy be cancelled at 12:01 A.M. on at my (our) postal address shown on the Policy Cover Page Month/ Day/ Year I (We) agree that this policy will not cover me (us) for loss or damage happening on or after that date and time. The reason for cancellation is:
Sold/Moved/Out of Business Self Insured/Not Required Rewritten with this Company Total Loss Rewritten with another Insurer Other. Explain: Deceased Other. Explain:
Signature of Policyholder