

Community Associations Program
 Master Policy Number E2AC000004

Named Insured: The Common Thread Quilt Guild P.O. Box 62022 Orleans ON K1C 7H8	Declaration page Policy No. CAPF19199 Certificate Holder: Place d'Orleans 110 Place d'Orleans Drive Orleans ON K1C 2L9 Re: Various Dates in the Rendez-Vous Room																											
Policy Period From: June 1, 2019 To: June 1, 2020	12:01 a.m. standard time at the postal address of the Named Insured stated herein.																											
Commercial General Liability: <table border="0"> <tr> <td>Each Occurrence Limit</td> <td>\$5,000,000</td> <td></td> </tr> <tr> <td>Aggregate Limit</td> <td>\$5,000,000</td> <td>(with respect to products – completed operations only)</td> </tr> <tr> <td>Personal & Advertising Injury Limit</td> <td>\$5,000,000</td> <td>(any one person/organization and aggregate)</td> </tr> <tr> <td>General Aggregate Limit</td> <td>\$15,000,000</td> <td></td> </tr> <tr> <td>Non-Owned Auto</td> <td>\$5,000,000</td> <td></td> </tr> <tr> <td>Tenants Legal Liability</td> <td>\$1,000,000</td> <td>(any one premises)</td> </tr> <tr> <td>Employee Benefits</td> <td>\$5,000,000</td> <td>(aggregate)</td> </tr> <tr> <td>Medical Payments</td> <td>\$25,000</td> <td>(any one person)</td> </tr> <tr> <td></td> <td>\$25,000</td> <td>(any one occurrence)</td> </tr> </table> <p>Other terms and conditions as listed in policy wording Additional Insured but only with respect to liability arising out of the operations of the Named Insured: H & R Real Estate Investment Trust, PRR Trust, Place d'Orleans Holdings Inc. and Montez Core Income Fund Limited Partnership and Primaris Management Inc."</p>		Each Occurrence Limit	\$5,000,000		Aggregate Limit	\$5,000,000	(with respect to products – completed operations only)	Personal & Advertising Injury Limit	\$5,000,000	(any one person/organization and aggregate)	General Aggregate Limit	\$15,000,000		Non-Owned Auto	\$5,000,000		Tenants Legal Liability	\$1,000,000	(any one premises)	Employee Benefits	\$5,000,000	(aggregate)	Medical Payments	\$25,000	(any one person)		\$25,000	(any one occurrence)
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Deductibles: <table border="0"> <tr> <td>Property Damage/Bodily Injury/Expense</td> <td>\$500 per occurrence</td> <td>Employee Benefits Liability</td> <td>\$500</td> </tr> <tr> <td>Legal liability to Non-Owned Auto</td> <td>\$500 each loss</td> <td>Tenant's Legal Liability</td> <td>\$500</td> </tr> </table>		Property Damage/Bodily Injury/Expense	\$500 per occurrence	Employee Benefits Liability	\$500	Legal liability to Non-Owned Auto	\$500 each loss	Tenant's Legal Liability	\$500																			
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TERMS OF COVERAGE:

CANCELLATION CLAUSE: Thirty (30) Days Notice of Cancellation, except 15 Days for Non-Payment of Premium by Registered Mail or 5 Days Personally Delivered. Short rate penalty applies when coverage cancelled by Named Insured.

CANCELLATION OF INDIVIDUAL CERTIFICATES OF INSURANCE: The named insured can only exercise their right as stated in this policy that affect their individual Certificate of Insurance. Cancellation of any individual Certificate of Insurance will not affect any other Named Insured's Certificate of Insurance. The Insurer may only cancel the individual Certificate of Insurance if the Named Insured does not pay the premium when due by mailing to the first Named Insured shown on the Certificate of Insurance written notice of cancellation at least 15 days before the effective date of such cancellation. The mailing of such notice shall be sufficient proof of notice. The Policy Term shown on the Certificate of insurance terminates at the date and hour specified in such notice, or at the date and time of surrender. The Insurer shall have the right to the premium amount for the period of the Policy Term during which the Insurance was in effect.

All coverage provided by this Certificate of Insurance is subject to the terms, conditions and exclusions as contained in the Program Policy E2AC000004. Reference should be made to the Program Policy document for exact Terms and Conditions. Copies of policy wordings are available upon request from Aon Risk Solutions.

This document is issued as a matter of information only and describes the insurance afforded by the Program Policy as of the date of issuance of this Certificate only.

This Certificate does not amend, alter or extend the Program Policy and is at all times subject to the terms, conditions, exclusions, limits and sublimits contained on the Program Policy. Insurance is provided only for those coverages for which a specific limit of insurance as stated.

In Witness whereof, the insurers have executed and attached these presents, but this policy shall not be valid unless countersigned on behalf of the insurers.

Date: June 1, 2019
 Countersigned Authorized Representative
 Julia Lackey

