



CERTIFICATE OF PROPERTY 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.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2. INSURED'S FULL NAME AND MAILING ADDRESS	
Winnipeg Condominium Corporation No. 830		Winnipeg Condominium Corporation No. 830	
1- 49 Clear Springs Rd E		1- 49 Clear Springs Rd E	
Steinbach, MB		POSTAL CODE R5G 1V2	Steinbach, MB
			POSTAL CODE R5G 1V2

3. LOCATION OF PREMISES / DESCRIPTION OF PROPERTY TO WHICH THIS CERTIFICATE APPLIES
1276 Old PTH 59 E, Ile Des Chenes MB Buildings A-G 112 Unit Residential Condominium Complex

4. COVERAGES
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policies period indicated notwithstanding any requirement, terms or conditions 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 the terms, exclusions and conditions of such policies.

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
<input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> NAMED PERILS <input checked="" type="checkbox"/> BROAD FORM <input checked="" type="checkbox"/> CO-INSURANCE % <u>90</u> <input type="checkbox"/> STATED AMOUNT <input type="checkbox"/> MARGIN CLAUSE % _____	SGL Canada Services (MB, AB, ON) C980641442	2022 / 8 / 31	2023 / 8 / 31	<input checked="" type="checkbox"/> P.O.E.D. <input checked="" type="checkbox"/> RC <input type="checkbox"/> ACV	35,000	26,260,000
				<input type="checkbox"/> BUILDING <input type="checkbox"/> RC <input type="checkbox"/> ACV		
				<input type="checkbox"/> EQUIPMENT <input type="checkbox"/> RC <input type="checkbox"/> ACV		
				<input type="checkbox"/> STOCK <input type="checkbox"/> RC <input type="checkbox"/> ACV		
				<input type="checkbox"/> C.O.E.D. <input type="checkbox"/> RC <input type="checkbox"/> ACV		
				<input type="checkbox"/> BUSINESS INCOME		
				<input type="checkbox"/> EXTRA EXPENSE		
				<input type="checkbox"/> RENTAL INCOME		
				<input type="checkbox"/> EARTHQUAKE		
				<input checked="" type="checkbox"/> FLOOD		35,000
<input checked="" type="checkbox"/> SEWER BACKUP		35,000	100,000			
<input type="checkbox"/> INLAND MARINE <input type="checkbox"/> NAMED PERILS <input type="checkbox"/> BROAD FORM <input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> REPLACEMENT COST				<input type="checkbox"/> CONTRACTOR'S EQUIPMENT		
<input type="checkbox"/>				<input type="checkbox"/> CARGO		
<input type="checkbox"/>				<input type="checkbox"/>		
<input checked="" type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN OPTION # 3				<input type="checkbox"/>		

5. ADDITIONAL INFORMATION
Subscription Policy break down: SGI Mutual 40%, Abex Affiliated Brokers Exchange 25%, Red River Mutual 20%, Portage la Prairie Mutual 8%, Cansure 7%

6. CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

7. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	8. INTERESTED PARTY NAME AND MAILING ADDRESS
Lakeview Insurance Brokers - Winnipeg	Winnipeg Condominium Corporation No. 830
679 Pembina Hwy	1- 49 Clear Springs Rd E
Winnipeg, MB	Steinbach, MB
POSTAL CODE R3M 2L6	POSTAL CODE R5G 1V2
BROKER CLIENT ID: WCC830	NATURE OF INTEREST: Insured

9. CERTIFICATE AUTHORIZATION	
ISSUER Lakeview Insurance Brokers - Winnipeg	CONTACT INFORMATION TYPE Phone NO. TYPE Fax NO. (204) 453-0197
AUTHORIZED REPRESENTATIVE Allison Baig	EMAIL ADDRESS abai@lakeviewinsurance.com

SIGNATURE OF AUTHORIZED REPRESENTATIVE *Alli Baig* DATE 2023 | 4 | 3