



COASTAL INSURANCE SERVICES LTD.

401 - 130 Brew Street, Port Moody, BC V3H 0E4 Tel: 604-937-1700 Fax: 604-937-1734
1322 Johnston Road, White Rock, BC V4B 3Z2 Tel: 604-531-1020 Fax: 604-531-2031
Toll Free: 1-800-665-3310 Website - www.coastalinsurance.com - e-mail: info@coastalinsurance.com



Policy No. CLMS 2833

DECLARATIONS

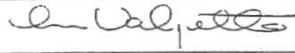
Name of Insured:	The Owners of Strata Plan LMS 2833 Trinity Place
Location Address:	2490 West 2nd Street Vancouver, BC, V6K 1J6
Additional Named Insured:	Strataco Management Ltd., 101 - 4126 Norland Avenue, Burnaby, BC, V5G 3S8
Policy Period:	12/31/10 to 12/31/11 (mm/dd/yy) 12:01 a.m. Standard Time
Loss Payable to:	The Insured or Order in Accordance with the Strata Property Act of British Columbia.
Insurers:	As Per List of Participating Insurers Attached.

Insurance is provided subject to the Declarations, Terms, Conditions, Limitations and Endorsements of this policy and only for those coverages for which specific limits or amounts of Insurance are shown on this Declaration Page.

INSURING AGREEMENTS	Deductibles (\$)	Limits (\$)
PROPERTY - STR (06/08) All Property, All Risks, Guaranteed Replacement Cost, Bylaws Water Damage Backup of Sewers, Sumps, Septic Tanks or Drains Earthquake Damage Flood Damage Key & Lock Replacement	2,500 5,000 5,000 10% 10,000 250	5,111,600 Included Included Included Included 10,000
BLANKET EXTERIOR GLASS - Form 820000 (02/06)	100	Blanket
COMMERCIAL GENERAL LIABILITY - Form 000102 - 10 (04/10) Coverage A - Bodily Injury & Property Damage Liability - Per Occurrence General Aggregate Limit Products & Completed Operations - Per Occurrence General Aggregate Limit Coverage B - Personal & Advertising Injury Liability - Per Occurrence General Aggregate Limit - Aggregate Coverage C - Medical Payments - Any one Person Medical Payments - Per Occurrence Coverage D - Tenants Legal Liability Non-Owned Automobile - SPF #6 Form 335002 - 02 - Per Occurrence Contractual Liability - SEF #96 Form 335150 - 05 - Per Occurrence Excluding Long Term Leased Vehicle - S.E.F. No. 99 Form 335300 - 02 - Per Occurrence Amendment - Automobile Exclusion - Form 223654 - 01 - Aggregate Limited Pollution Liability Coverage - Form 000114 - 02 - Aggregate Employee Benefit Liability - Form 000200 - 05 - Aggregate	500 500 500 500 500 1,000	10,000,000 15,000,000 10,000,000 15,000,000 10,000,000 15,000,000 10,000 25,000 500,000 10,000,000 10,000,000 10,000,000 Included 1,000,000 1,000,000
DIRECTORS & OFFICERS LIABILITY - Form G/A2 (05/08) Condominium Discrimination Defense Costs - Per Occurrence Aggregate		2,000,000 10,000 25,000
POLLUTION & REMEDIATION LEGAL LIABILITY - Form XLICL-PARLSCP (05/04) Limit of Liability - Each Loss, Remediation Expense or Legal Defense Expense	10,000 Retention	1,000,000
VOLUNTEER ACCIDENT - Policy # 9224344 (05/09) - Plan II Principal Sum - \$100,000 Weekly Accident Indemnity - \$500 (maximum 52 weeks) Accident Expenses - various up to \$10,000 (see policy wording) Dental Expense - \$2,500	7 Day Waiting Period	100,000
COMPREHENSIVE DISHONESTY, DISAPPEARANCE AND DESTRUCTION Form 500000 (01/00) I Employee Dishonesty - Form A II Loss Inside the Premises III Loss Outside the Premises IV Money Orders and Counterfeit Paper Currency V Depositors Forgery		10,000 5,000 5,000 5,000 5,000
EQUIPMENT BREAKDOWN I Physical Damage, Direct Damage, Standard Comprehensive Plus, Replacement Cost - Form C780016 (02/06) II Consequential Damage, 90% Co-Insurance - Form C780032 (02/06) III Extra Expense - Form C780033 (02/06) IV Ordinary Payroll - 90 Days - Form C780034 (02/06)	1,000 1,000 24 Hour Waiting Period 24 Hour Waiting Period	5,111,600 10,000 100,000 100,000

ALL COVERAGES SUBJECT TO POLICY DEFINITIONS

This Policy contains a clause(s), which may limit the amount payable.
This policy shall not be valid or binding unless countersigned by a duly
Authorized Representative of the Insurer.


President
Coastal Insurance Services Ltd.



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SCHEDULE OF PARTICIPATING INSURERS

For The Owners of Strata Plan LMS 2833 Trinity Place

Policy # CLMS 2833

Term: 12/31/10 to 12/31/11 (mm/dd/yy) 12:01 a.m. Standard Time

Insurer	Coverage	%	Limit (\$)
Aviva Insurance Company of Canada	Property	35	1,789,060
Axa Pacific Insurance Company	Property	35	1,789,060
Royal & SunAlliance Insurance Company	Property	30	1,533,480
Aviva Insurance Company of Canada	Commercial General Liability Per Occurrence Limit General Aggregate Limit	100	10,000,000 15,000,000
Aviva Insurance Company of Canada	Directors & Officers Liability	100	2,000,000
Aviva Insurance Company of Canada	Employee Dishonesty - Form A	100	10,000
Aviva Insurance Company of Canada	Comprehensive Dishonesty, Disappearance and Destruction	100	5,000
Aviva Insurance Company of Canada	Glass	100	Blanket Exterior Coverage
XL Insurance Company Ltd.	Pollution & Remediation Legal Liability	100	1,000,000
Aviva Insurance Company of Canada	Equipment Breakdown	100	5,111,600
Axa Assurances Inc.	Volunteer Accident Plan II	100	100,000

DISCLOSURE NOTICE - UNDER THE FINANCIAL INSTITUTIONS ACT

The Financial Institutions act requires that the information contained in this Disclosure Notice be provided to a customer in writing at the time of entering into an insurance transaction.

1. I, Sandra Krenz, am licensed as a general insurance agent by the Insurance Council of British Columbia
2. This transaction is between you and Aviva Insurance Company of Canada Axa Pacific Insurance Company Royal & SunAlliance Insurance Company (Insurer) and as indicated on the policies
3. In soliciting the transaction described above, I am representing Coastal Insurance Services Ltd. who does business with the Insurer
4. The nature and extent of the Insurer's interest in the agency is none.
5. Upon completion of this transaction, the agent will be remunerated by way of commission or fee by the Insurer
6. The Financial Institutions act prohibits the Insurer from requiring you to transact additional or other business with the Insurer or any other person or Corporation as a condition of this transaction.

Total Premium:

\$9,261.

E&OE/SK

Insured's Copy



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ENDORSEMENT

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This Endorsement modifies the coverage provided in the Condominium and/or Strata Corporation Property Wording - STR(06/08) - Extension of Coverage 5D.

It is hereby understood and agreed that SECTION 5. D. CLAIMS FREE DEDUCTIBLE WAIVER is amended to read as follows:

D. CLAIMS FREE REWARD: If the location insured by this policy has been underwritten by Coastal Insurance Services Ltd., for 36 months or more continuously, and has been claims free during that period, then the Insurer agrees to reduce the property premium for the next renewal term by 5%.

The first claim shall not be taken into consideration as a recordable loss so as to increase the premium for the next renewal term in an amount over what would have been normally charged had no Claims Free Reward or Deductible Waiver been applied with this Insurer.

All other Policy Terms and Conditions remain unchanged.

December 20, 2010