
Subject: Group Insurance Requirements

Date: November 22, 2018

Replaces: September 01, 2017

Applicable to The policy and procedures contained in this document apply to the following:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Co-operatives | <input type="checkbox"/> Peel Access to Housing (PATH) |
| <input checked="" type="checkbox"/> Federal Non-Profit | <input type="checkbox"/> Rent Supplement*
*incl. former OCHAP/CSHP |
| <input checked="" type="checkbox"/> Municipal & Private Non-Profit | |
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Content This document contains the following:

Legislation
Insurance Requirements
Questions
Appendices
Appendix I – Certificate of Insurance (COI) – Housing Provider
Appendix II – Region of Peel/Housing Provider Service Agreement – Schedule “B”
Appendix III – Marsh COI

Legislation [Housing Services Act, S.O. 2011, c. 6, Sched. 1, s. 122 and 124.](#)

Insurance Requirements The Region of Peel (ROP) requires housing providers to provide proof of insurance coverage to meet legislative and service agreement requirements. Housing providers must submit the following documents:

- Signed and completed by the insurance broker;
- Certificate of Insurance (COI) – Housing Provider form (see Appendix I) – preferred proof of insurance coverage
 - Certificate of Insurance (COI) – insurer form
 - Alternate forms of proof of insurance will be accepted at the discretion of the Service Manager
-

IMPORTANT:

To ensure sufficient insurance coverage, the COI-insurer form must contain the following information:

- coverage on all items listed under the ‘Type of Insurance’ column of the COI-Housing Provider form
- coverage on each item meets the minimum ‘Limits of Liability’ requirements outlined on the COI-Housing Provider form
- the Region of Peel is designated as one of the ‘Certificate Holders’ or ‘Additional Insureds’ on the COI-insurer form

Completed and signed COI forms including applicable supporting documents must be submitted to the Housing Programs Specialist immediately after:

- annual renewals
 - information corrections or changes in coverage
 - a change in insurance broker or company
 - initial purchase of coverage
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Questions

If you have any questions or concerns regarding specific details of insurance requirements noted in your Service Agreement, please contact your Housing Programs Specialist.

Appendices

For the fillable/printable version of the COI form, refer to the attached document on the main [HIP Policies and Procedures](#) index.

- **Appendix I:** COI – Housing Provider form
 - **Appendix II:** Region of Peel/Housing Provider Service Agreement – Schedule “B”
 - **Appendix III:** Marsh COI
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APPENDIX I: COI – Housing Provider form



Certificate of Insurance
HOUSING PROVIDER

This is to certify that the following policies of insurance, subject to their terms, conditions, and exclusions, have been issued and are at present in force for the insured named below, with the specified insurer.

Name and Address of Insured
Location of Operations (attach separate sheet if necessary)

<u>Type of Insurance</u> Commercial General Liability	Policy Number & Insurance Company	Effective Date Y M D	Expiry Date Y M D	Limits of Liability Bodily Injury and Property Damage-Incl.
Includes but not limited to: bodily injury including death and personal injury liability, occurrence property damage, contractual liability, non-owned automobile liability, products-completed operations, employer's liability, contingent employer's liability, cross liability and severability of interests clauses				\$5,000,000 /Occurrence and Aggregate
<u>Type of Insurance</u> All Risk Property Insurance	Policy Number & Insurance Company	Effective Date Y M D	Expiry Date Y M D	Value of Property
Includes but not limited to: Property of Every Description, Gross Rents, Extra Expense, Flood and Earthquake. Basis of loss settlement: Same site or on another site without any co-insurance provision or penalty				\$ / Value of Property *adjusted for inflation
<u>Type of Insurance</u> Boiler and Machinery	Policy Number & Insurance Company	Effective Date Y M D	Effective Date Y M D	Limits of Liability
Includes but not limited to: Comprehensive Form including all Boilers, Pressure Vessels and Mechanical Machinery, Direct Damage and Business Interruption, Gross Rents and Extra Expense. Basis of Loss Settlement – Direct Damage – Repair or Replacement including By-Laws				\$ / Value of Boiler & Machinery * adjusted for Inflation - per accident combined Direct Damage and Business Interruption (Gross Rents and Extra Expense)
<u>Type of Insurance</u> Directors and Officers Liability	Policy Number & Insurance Company	Effective Date Y M D	Effective Date Y M D	Limits of Liability
Includes but not limited to: Coverage to automatically apply to all newly elected or appointed Directors and Officers, No co-insurance, Extended Reporting Period of 12 months				\$1,000,000 any one claim \$1,000,000 annual aggregate
<u>Type of Insurance</u> Property Managers Errors and Omissions	Policy Number & Insurance Company	Effective Date Y M D	Effective Date Y M D	Limits of Liability
Property Managers E&O				\$1,000,000 any one claim \$1,000,000 annual aggregate

<u>Type of Insurance</u> Professional Errors and Omissions	Policy Number & Insurance Company	Effective Date Y M D	Effective Date Y M D	Limits of Liability
Professional E&O				\$1,000,000 any one claim \$1,000,000 annual aggregate
<u>Type of Insurance</u> Crime Insurance	Policy Number & Insurance Company	Effective Date Y M D	Effective Date Y M D	Limits of Liability
Includes but not limited to: Employee Dishonesty, Inside Money and Securities, Outside Money and Securities, Counterfeit Currency, and Depositors Forgery				\$100,000

Any Umbrella and/or excess insurance is in excess of both the Commercial General Liability and Automobile Liability policies. The Regional Municipality of Peel and/or Peel Housing Corporation – O/A Peel Living and _____

_____ have been added as additional insureds, but only with respect to their interest in the operations of the named insured, (excluding Automobile or Professional Liability policies.) Any deductible or self insured retention is the sole responsibility of the named insured.
If any Policy is cancelled or materially changed so as to reduce coverage during the period of coverage as stated above, so as to effect this certificate, thirty (30) days prior written notice, by registered mail, will be given by the Insurer to:

The Regional Municipality of Peel, 10 Peel Centre Dr., Brampton, ON L6T 4B9
ATTENTION: LOSS MANAGEMENT

This certificate is executed and issued to the Regional Municipality of Peel on the date stated below.

Name and Address and Stamp of Insurance Broker						
Signature of Authorized Representative of Broker or Insurance Company			Executed and Issued	Yr.	Mo.	Day

Note: Proof of liability insurance will be accepted on this form only (with no amendments).

APPENDIX II: Region of Peel/Housing Provider Service Agreement (partial)
Schedule "B"

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 Municipal Affairs
and Housing

DIRECTIVE
DATE: March 14, 2001

NUMBER: 2001-02

The policies, procedures and Ministry Requirements in this Directive are to be implemented by housing providers that are funded under the following Ministry programs.:

Please note if your program is not checked, this Directive is not applicable to your's project(s).

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Federal/Provincial Non-Profit Housing Program (MNP & PNP)

Ontario Non-Profit Housing Programs (MNP & PNP)

Federal/Provincial & Ontario Co-operative Housing Programs (Co-ops)

Municipal Non-Profit Housing Program (Section 56.1 Pre-1986)

SUBJECT: Group Insurance Program For Municipal and Private Non-Profit Housing Corporations

BACKGROUND:

The group insurance program for all municipal and private non-profit housing corporations was implemented January 1, 1994.

The program was introduced as part of the Ministry of Housing's Non Profit Program Review which was an initiative to save costs through the bulk purchasing of supplies and services.

The successful proponent to initially underwrite the program was The Co-Operators Insurance Company. After three subsequent policy renewals the insurer was changed to Wellington Insurance Company as of January 1998. The broker was Reed Stenhouse now known as Aon Reed Stenhouse Inc.

A Request For Proposal (RFP) was issued November 8, 2000 by Management Board Secretariat-Insurance Risk Management & Insurance Services Unit which provides insurance coordinating services for all provincial assets. The RFP included the federal stock, which came under provincial administration in November 1999 through the Social Housing Reform Act 2000. This Act received approval of legislature in December 2000, thereby transferring the funding and administrative responsibility for social housing, including provincially administered non profit and co-operative housing providers, to municipal service managers.

Schedule "B"

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The Act created a municipally controlled province-wide body, called the Social Housing Services Corporation (SHSC), which among other duties will be responsible for insurance programs for social housing. The insurance program will be transferred to the SHSC at some point during 2001.

As Aon Reed Stenhouse was awarded the RFP, they will continue as our broker and therefore, there will be no program change. The RFP provides for a one year term, beginning January 1, 2001 with possibly two additional renewal terms of one year each. Wellington Insurance Company is the insurer.

GROUP INSURANCE REQUIREMENTS:

All non-profit groups are required to obtain a quotation from Aon Reed Stenhouse. The exception to this is if the group is already insured with Aon and is renewing with them. The Ministry of Housing subsidy for insurance costs will only be paid to the level quoted by the group insurance program or the lower quote from the local insurance broker provided that the coverage is equal. Policy costs in excess of the group program will not be subsidized by the Ministry.

Should a group receive a quotation lower than the Group Insurance Program, a copy of the quotation and an insurance coverage checklist (updated copy attached), signed by the agent/broker must be submitted to the Ministry of Housing Regional Contact. The checklist is also available through the regional contact.

Aon Reed Stenhouse Contact Information

Paul Speck from Aon Reed Stenhouse is providing the overall direction for the delivery of the Group Insurance Program to the non-profits. Any non-profits requiring services in French should direct all inquiries to Lyne Turmel, Aon Reed Stenhouse. They are located at:

Paul Speck
Aon Reed Stenhouse
20 Bay Street
Toronto, Ontario
M5J 2N9
(416) 868-5560

Lyne Turmel
Aon Reed Stenhouse
20 Bay Street
Toronto, Ontario
M5J 2N9
(416) 868-5961

Insurance Co. - Regional Representatives

Aon Reed Stenhouse regional representatives will be the direct contact for the non-profits in their region. They will be responsible for the day-to-day activities of the program. Regional representatives will obtain applications from the non-profit groups and prepare quotations; submit written proposal of coverages and pricing; issue certificate of insurance; and provide the Provincial Co-ordinator with monthly status reports.

All insurance claims are to be reported to your nearest Wellington Insurance Company.

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Schedule "B"

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ACTION

i) If you have any questions regarding the process, please direct them to your Ministry of Housing Regional Contact. If you have any questions regarding the specifics of the group insurance policy, please direct them to the Regional Representative from Aon Reed Stenhouse as listed in Appendix "A".

ii) Submit a copy of the quotation and a signed insurance coverage checklist to your Ministry of Housing Regional Contact if you are not obtaining insurance from Aon Reed Stenhouse.


Toni Farley
Manager
Field Support
Social Housing Branch

att. contact list (Aon)
checklist

Schedule "B"

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CONTACTS

REGION	AON MAIN CONTACT REGIONAL REPRESENTATIVE	ONTARIO MINISTRY OF MUNICIPAL AFFAIRS & HOUSING REGIONAL CONTACTS
CENTRAL	Zobeeda Rouch (Toronto office) (416) 868-5978	Al Bilal 777 Bay Street 25 th floor Toronto, Ontario M5G 2E5 (416) 665-6374
EASTERN	Elaine Robertson (Ottawa office) (813) 722-7070	Chris Laundry 1547 Merivale Road, 5 th floor Nepean, Ontario K2G 4V3 (813) 225-6776 ext.2281
METRO	Zobeeda Rouch (Toronto office) (416) 868-5976	Ralph Eades 777 Bay Street Toronto, Ontario M5G 2E5 (416) 665-6876
NORTHERN	Judie Comer (Thunder Bay office) (807) 345-2828	Ada Petrelli 159 Cedar Street, 4 th Floor Suite 401 Sudbury, ON P3E 6A5 (705) 564-6820
NORTHWESTERN	Judie Comer (Thunder Bay office) (807) 345-2828	Dave Forester 435 James Street South, 2 nd floor Suite 223 Thunder Bay, Ontario P7E 6S7 (807) 473-3017
SOUTHERN	Phil Amodeo (Hamilton Office) (905) 527-1210	Joan Cranmer Standard LifeCentre 119 King St. W., 14 th Floor Hamilton, ON L8P 4Y7 (905) 548-8205
SOUTHWESTERN	Lynn Watson (London office) (519) 433-3441 Chris Beneteau (Windsor office) (519) 258-8281 David Lawrence (Sarnia office) (519) 332-2225	Nancy Jonston 380 Wellington Street Suite 1100 London, ON N6A 5B5 (519) 679-7289

Provincial Coordinator:

Aon Reed Stenhouse Inc.
Paul Speck
Account Manager
(416) 868-5560

Ontario Ministry of Municipal Affairs & Housing
Marilyn McBride
(416) 585-6386

Schedule "B"

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ONTARIO MINISTRY OF MUNICIPAL AFFAIRS AND HOUSING
GROUP INSURANCE CHECKLIST

NON-PROFIT HOUSING

NAME OF INSURED: _____
 NAME OF INSURER: _____
 EFFECTIVE DATE: _____
 EXPIRY DATE: _____

PROPERTY INSURANCE

		YES	NO	COMMENTS
<i>Property/Risk Insured:</i>	Property of Every Description	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Gross Rents	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Risks Insured</i>	All Risks Including flood and earthquake	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Limit of Liability:</i>	\$ any one loss, any one project	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Retention/Deductible:</i>	3% Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	_____
	\$10,000 Flood	<input type="checkbox"/>	<input type="checkbox"/>	_____
	\$ 500 All Other Losses	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Basis of Loss Settlement:</i>	Replacement Cost on the same site or on another site without any co-insurance provision or penalty	<input type="checkbox"/>	<input type="checkbox"/>	_____
<i>Extensions:</i>	• Automatic Coverage for newly acquired property	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• No Co-Insurance, but subject to insuring the actual values for coverage required and signing of Statement of Values	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• By-Laws Coverage including cost of demolition and increased cost of construction	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Additional time required due to By-laws	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Fire Fighting Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Professional and Auditors Fees	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Expediting Expense	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Valuable Papers	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Employee Effects	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Glass Interior and Exterior	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Signs - attached and free-standing	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Transit	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Consequential Loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Service Interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Physical Damage by Service Interruption	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Contingent Rent & Extra Expense	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Ingress and Egress	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Interruption by Civil Authority	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Unlimited Vacancy	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• 90 Days Notice of Cancellation or Non-Renewal	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Master Key Coverage — \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Additional Living Expenses — \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
	• Pollution Clean-Up - Land & Water — \$100,000	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Schedule "B"

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BOILER & MACHINERY

		YES	NO	COMMENTS
Limit of Liability:	\$ per accident combined Direct Damage and Business Interruption (Gross Rents and Extra Expense)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pertils Insured:	Comprehensive Form covering all boilers, pressure vessels and mechanical machinery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Basis of Loss Settlement:	Direct Damage - Repair or Replacement including By-Laws	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extensions:	<ul style="list-style-type: none"> • Expediting Expense — \$50,000 • Ammonia Contamination — \$50,000 • Water Damage from Refrigerating Systems — \$50,000 • Hazardous Substance — \$50,000 • Spoilage — \$50,000 	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retention/Deductible:	Direct Damage — \$500	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Spoilage — \$500	<input type="checkbox"/>	<input type="checkbox"/>	_____
	24-hour Waiting Period, Gross Rents	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMPREHENSIVE GENERAL LIABILITY

Limits of Liability:	\$5,000,000	Inclusive Bodily Injury and Property Damage	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5,000,000	aggregate Products & Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5,000,000	aggregate Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5,000,000	aggregate Employee Benefits Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	6,000,000	Non-Owned Automobile	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5,000,000	Advertisers' Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Included	Employers' Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Included	Tenants Legal Liability (All Risks)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	1,000,000	Forest Fire Fighting Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
	1,000,000	aggregate, Limited Pollution Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	100,000	Elevator Collision	<input type="checkbox"/>	<input type="checkbox"/>	_____
	100,000	Aggregate Environmental Clean-Up	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retention/Deductible:	\$ 250	Property Damage	<input type="checkbox"/>	<input type="checkbox"/>	_____
	250	Tenants Legal Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	250	Damage to Hired Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	_____
	1,000	Employee Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____
	1,000	Advertisers Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
	1,000	Forest Fire Fighting Expenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extensions:		• Products & Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>	_____
		• Property Damage Occurrence Basis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extensions:		• Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
		• Broad Form Property Damage	<input type="checkbox"/>	<input type="checkbox"/>	_____
		• Owners & Contractors Protective Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
		• Intentional Injury to Protect Persons and/or Property	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Schedule "B"

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- Voluntary Compensation
- Contingent Employers' Liability
- Non-Owned Automobile Liability (Including Contractual, "Incidental Personal Use" and "Borrowed Vehicles")
- SEF #84, Damage to Hired Vehicles — \$50,000/\$250 deductible
- Broad Definition of Insured
- Cross Liability
- Severability of Insurance
- Blanket Contractual Liability
- Personal Injury Including humiliation, harassment, discrimination, abuse
- Medical Payment limit \$2,500 per person, \$25,000 per accident
- Contingent Incidental Medical Malpractice
- Coverage for Independent Contractors
- Environmental Clean-Up — \$100,000 annual aggregate per project
- Bodily Injury includes "mental anguish, shock"
- 90 Days Notice of Cancellation or Non-Renewal
- Broad Form Automobile
- Watercraft up to 500 tons gross registry
- Worldwide Territory

CRIME INSURANCE

- Limits:**
- \$100,000 Employee Dishonesty
 - 1,000 Inside Money & Securities
 - 1,000 Outside Money & Securities
 - 1,000 Counterfeit Currency
 - 100,000 Depositors Forgery
- Extensions:**
- Employee extended to include Intervening Employee
 - Employee extended to include Non-Compensated Officers, Directors and Trustees of Welfare and Pension Plans, volunteers, students
 - Named Insured includes any Employee Benefit Plan or Trust sponsored by the Insured
 - 90 Day Cancellation or Non-Renewal
 - Discovery Clause — 2 years
 - Audit expense — \$25,000
 - Prior Fraud (employee) tolerance level — \$25,000
 - Third Party Theft — \$5,000

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Schedule "B"

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<u>DIRECTORS & OFFICERS LIABILITY</u>		YES	NO	COMMENTS
Limit:	\$1,000,000 any one claim	<input type="checkbox"/>	<input type="checkbox"/>	_____
	\$1,000,000 annual aggregate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retention/Deductible:	Nil each Director or Officer each loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extensions:	<ul style="list-style-type: none"> - Coverage to automatically apply to all newly elected or appointed Directors and Officers - No Co-Insurance - Extended Reporting Period - 12 months, 25% additional premium 	<input type="checkbox"/>	<input type="checkbox"/>	_____
		<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>PROPERTY MANAGERS ERRORS & OMISSIONS</u>				
Limit:	\$1,000,000 any one claim	<input type="checkbox"/>	<input type="checkbox"/>	_____
	\$1,000,000 annual aggregate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retention/Deductible:	\$1,000 any one loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>PROFESSIONAL ERRORS & OMISSIONS</u>				
Limit:	\$1,000,000 each occurrence	<input type="checkbox"/>	<input type="checkbox"/>	_____
	\$1,000,000 annual aggregate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retention/Deductible:	\$1,000 each claim	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>ACCIDENT BENEFITS FOR BOARD MEMBERS AND VOLUNTEERS</u>				
Principal Sum	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weekly Indemnity - Temporary Total Disability	\$200 / week or \$10,400 Total	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blanket Medical Reimbursement	\$100,000	<input type="checkbox"/>	<input type="checkbox"/>	_____
Aggregate Limit per Accident	\$1,500,000	<input type="checkbox"/>	<input type="checkbox"/>	_____

The undersigned authorized broker/agent declares that the statements set forth herein are true.

Name of Company

Authorized Person (Please Print)

Signature

Date

1000 8 16 08 09:11:00

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APPENDIX III: Marsh - COI



Marsh Canada Limited
120 Bremner Blvd., Suite 800
Toronto, Ontario M5J 0A8

Certificate of Insurance

No.: 2017 – Cust # - HSC # - #

Dated:

This document supersedes any certificate previously issued under this number

This is to certify that the Policy(ies) of insurance listed below ("Policy" or "Policies") have been issued to the Named Insured identified below for the policy period(s) indicated. This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder named below other than those provided by the Policy(ies).

Notwithstanding any requirement, term or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the Policy(ies) is subject to all the terms, conditions and exclusions of such Policy(ies). This certificate does not amend, extend or alter the coverage afforded by the Policy(ies). Limits shown are intended to address contractual obligations of the Named Insured.

Limits may have been reduced since Policy effective date(s) as a result of a claim or claims.

Certificate Holder:
The Regional Municipality of Peel
10 Peel Centre Drive
Brampton, ON L6T 4B9

Named Insured and Address:
TBA

This certificate is issued regarding:
Housing in Peel "HIP"

Type(s) of Insurance	Insurer(s)	Master Policy Number(s)	Effective/ Expiry Dates	Sums Insured or Limits of Liability	
PROPERTY All Risks of Direct and Physical Loss or Damage including Flood, Earthquake and Sewer Back-up any one occurrence Includes: <ul style="list-style-type: none"> ▪ Extra Expense ▪ Same site or on another site without any co-insurance provision or penalty 	<ul style="list-style-type: none"> • Various Lloyd's Syndicates • XL Specialty Insurance Company, Canadian Branch • Aviva Insurance Company of Canada • Northbridge General Insurance Company • Royal and Sun Alliance Insurance Company of Canada • National Liability & Fire Insurance Company (Berkshire Hathaway) • Allied World Specialty Insurance Company (formerly Darwin National Assurance Company) 	MCL-2081	November 1, 2017 to November 1, 2018	Property of Every Description including Gross Rents/Rental Income and Business Interruption	CDN \$25,000,000
				Gross Rents Indemnity Period	12 months or 24 months
				Earthquake, Program Annual Aggregate	CDN\$ 300,000,000
				Flood, Program Annual Aggregate	CDN\$ 300,000,000
				Deductibles: <ul style="list-style-type: none"> - Earthquake 3% Minimum CDN\$ 50,000 for properties valued less than CDN\$ 3,000,000 - Earthquake 3% Minimum CDN\$ 100,000 for all other properties valued equal or more than CDN\$ 3,000,000 - Earthquake 5% Minimum CDN\$ 250,000 for properties located on Cresta Zone 1 (Ottawa, Kingston, Cornwall, Hawkesbury) area - Flood CDN\$ 25,000 - All Other losses \$provider specific 	
EQUIPMENT BREAKDOWN Sudden and Accidental Breakdown of Boilers, Pressure Vessels and Electrical and Mechanical Machines excluding Production Machines per Accident Includes: <ul style="list-style-type: none"> ▪ Extra Expense 	Boiler and Inspection Insurance Company	00001619	November 1, 2017 to November 1, 2018	Combined direct Damage and Business Interruption	\$50,000,000 Any one Accident
				Deductibles: <ul style="list-style-type: none"> - CDN\$ provider specific 	



Marsh Canada Limited
120 Bremner Blvd., Suite 800
Toronto, Ontario M5J 0A8

Certificate of Insurance

No.: 2017 – Cust # - HSC # - #

Dated:

<ul style="list-style-type: none"> Gross Rents Repair or Replacement including By-Laws 					
COMMERCIAL GENERAL LIABILITY Bodily Injury, Personal Injury and Property Damage, Products and Completed Operations, Each Occurrence Includes: <ul style="list-style-type: none"> Contractual Liability Non-Owned Automobile Liability Employers Liability Contingent Employer's Liability Cross Liability Severability of Interest 	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Bodily Injury/ Property Damage	CDN\$2,000,000
				Annual Aggregate Products and Completed Operations	CDN\$2,000,000
				Annual General Aggregate	CDN\$15,000,000
				Deductibles: - CDN\$ provider specific for Bodily Injury and Property Damage	
UMBRELLA LIABILITY Personal Injury, Property Damage, Products and Completed Operations, Non-Owned Automobile, Tenants' Legal Liability, Each Occurrence	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Limit of Liability (excess over Commercial General Liability stated above)	CDN \$3,000,000
				Annual Aggregate Products and Completed Operations	CDN\$3,000,000
				Annual General Aggregate	CDN\$15,000,000
				Deductibles: CDN\$10,000 Self Insured Retention	
CRIME	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Employee Dishonesty (Form A)	CDN\$250,000
				Deductibles: NIL	
TENANTS SUPPORT AND/OR ASSISTED CARE SERVICES ERRORS AND OMISSIONS	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Any one Claim and Annual Aggregate	CDN\$2,000,000
				Deductibles: CDN\$ provider specific	
TENANTS SUPPORT AND/OR ASSISTED CARE SERVICES ERRORS AND OMISSIONS	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Not Insured	
PROPERTY MANAGERS ERRORS AND OMISSIONS	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Any one Claim and Annual Aggregate	CDN \$2,000,000
				Deductibles: CDN\$ provider specific	
PROPERTY MANAGERS ERRORS AND OMISSIONS	XL Specialty Insurance Company, Canadian Branch	MCL-2083	November 1, 2017 to November 1, 2018	Not Insured	
DIRECTORS AND OFFICERS LIABILITY <ul style="list-style-type: none"> Includes but not limited to: Coverage to automatically apply to all newly elected or appointed Directors and Officers No coinsurance Pre-agreed Extended 	Great American Insurance Group	CD09711199	November 1, 2017 to November 1, 2018	Each Wrongful Act	CDN\$ provider specific
				Program Annual General Aggregate	CDN\$10,000,000
				Deductibles: NIL	



Marsh Canada Limited
 120 Bremner Blvd., Suite 800
 Toronto, Ontario M5J 0A8

Certificate of Insurance

No.: 2017 – Cust # - HSC # - #

Dated:

Reporting Period of 12 months				
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Additional information:
 Evidence of Insurance

The Regional Municipality of Peel and/or Peel Housing Corporation – O/A Peel Living are added as additional insureds, but only with respect to the liability arising of operations of the Named Insured.

Notice of cancellation:

Should any of the policies described herein be cancelled before the expiration date thereof, the insurer(s) affording coverage will endeavour to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer(s) affording coverage, their agents or representatives, or the issuer of this certificate.

<p>Marsh Canada Limited 120 Bremner Blvd., Suite 800 Toronto, ON M5J 0A8 Telephone: 416-349-8897 / 1-888-768-9887 Fax: 416-815-3541 / 1-888-336-8629 Email: hscorp.service@marsh.com</p>	<p>Marsh Canada Limited</p>	<p>By:</p>
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