



1534196 ONTARIO INC.
5460 CANOTEK ROAD, 110
GLOUCESTER ON K1J 9H2

Your Aviva Enterprise insurance policy for Commercial Business

Policy number 81913536 starting on December 1, 2023

Your insurance coverage is provided by Aviva Insurance Company of Canada.

Dear Sir/Madam,

Thank you for insuring your business with us through your insurance broker.

What's included in your package

- Payment Summary
- Policy declarations

If you have any questions about your policy, please contact your insurance broker.

Your Insurance Broker BROKERLINK INC.
100-6 ANTARES DR., PHASE III
OTTAWA ON K2E 8A9
Tel. (613) 596-9697

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Do you need to make a claim?



Call your broker or call us at **1-866-MYAVIVA (1-866-692-8482)** to report a claim.



When the unexpected happens, you can expect 24/7 support from our Claims Care Advisors to help you get things back to normal as quickly as possible.



We have a dedicated team of claims relationship managers who understand the needs of your business when it matters the most. They work closely with your broker to help you keep your business running after a claim.

Contact your broker to find out more.

Premiere Vendor Network

Get service, repairs and treatments quickly following a claim.

- **Premiere Contractor Network**
High quality repairs to your property, backed by a lifetime workmanship guarantee.
- **Premiere Auto Repair Centres**
Carefully selected auto repair centres provide quick service and includes a lifetime guarantee.
- **Premiere Healthcare***
Helps you or your employees receive timely and appropriate health care services following an auto accident.
*Program not available in Quebec

To find a Premiere vendor near you, visit aviva.ca.

Line: COM Company: 04 Branch: 08

Aviva Insurance Company of Canada
2100-112 Kent Street
Tower B
Ottawa, ON
K1P 5P2

Please visit us at: aviva.ca



Policy Change Notice

1534196 ONTARIO INC.
5460 CANOTEK ROAD, 110
GLOUCESTER ON K1J 9H2

If you have any inquiries regarding your policy, please contact your broker:

BROKERLINK INC.
100-6 ANTARES DR., PHASE III
OTTAWA
ON K2E 8A9

Tel. (613) 596-9697

BROKERLINK INC. in partnership with **Aviva Insurance Company of Canada**, encloses the amendment(s) to your Commercial policy.

Policy Number: 81913536

Policy Type: COMMERCIAL

Pay Plan: Pre-Authorized Chequing

Policy Transactions for Account Number **50450725**

Policy Number	Effective Date	Description	Premium	Finance Charge	Sales Tax	Total
81913536	December 01, 2023	Policy Change	-\$1,419.00	-\$42.57	-\$113.52	-\$1,575.09
Prior Balance:						\$5,304.69
Total Amount Due:						\$3,729.60

Named Insured:

1534196 ONTARIO INC.
5460 CANOTEK ROAD, 110
GLOUCESTER ON
K1J 9H2

Your summary and payment schedule is shown on the back of this page.

If you need to change your banking information, or if you'd like to change your payment method, please complete the following authorization form, or notify your broker at least 15 business days prior to your next withdrawal.

Aviva Insurance Company of Canada
10 Aviva Way
Suite 100
Markham ON L6G 0G1

Summary of Account Number 50450725

Policy Number	Description	Premium
81913536	Balance owing	\$3,729.60
	Total Amount Due:	\$3,729.60

Payment Schedule

January 13, 2024	\$414.40	June 13, 2024	\$414.40
February 13, 2024	\$414.40	July 13, 2024	\$414.40
March 13, 2024	\$414.40	August 13, 2024	\$414.40
April 13, 2024	\$414.40	September 13, 2024	\$414.40
May 13, 2024	\$414.40		

- Pre-authorized payments, from your bank account, will be withdrawn automatically as scheduled.
- A \$50.00 service charge will be levied against payments returned by the bank due to insufficient funds or payments not cleared.

EFT Authorization Form (H1 Compliant)
Pre-authorized monthly payment from bank account



New request Change to existing information

Insured Name: 1534196 Ontario Inc.
Account Number: 50450725
Brokerage Name and Contact Information: BROKERLINK INC.
100-6 ANTARES DR., PHASE III
OTTAWA ON K2E 8A9
Tel: (613) 596-9697

Consent and Disclosure
My/Our signature confirms that

- I/We have been provided with details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our financial institution.
- I/We hereby authorize the named financial institution below to debit my/our account for all payments payable to: **Aviva Insurance Company of Canada or any of its associated insurance companies** to which my policy may be transferred to at a later date (the "Insurer").
- I/We understand that this authorization may be cancelled by me/us upon written notice, at least 15 days before the next scheduled payment. I/We may obtain a sample cancellation form, or further information on my/our right to cancel a payment authorization agreement, or more information about Pre-Authorized Debiting at my/our financial institution by visiting www.cdnpay.ca, or through contacting my/our insurance company at www.aviva.ca.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this payment authorization agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.
- I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this authorization below.
- If there is a change in premiums due to a change in coverage or upon renewal, the amount of the monthly withdrawal will automatically be changed.
- I/We will ensure that funds are available on each due date and understand that Non-Sufficient Funds transactions may result in one or all of the following:
1. A second presentation or attempt to withdraw funds 2. A second withdrawal notice 3. Cancellation of my/our policy
- I/We have received a copy of this authorization and have read and understood these terms and conditions.
- For pre-authorized debits, I/we shall receive, with respect to the debiting of fixed-amount payments, written notice from the Insurer, the amount to be debited and the due date(s) debiting, at least 10 calendar days prior to the date of the first payment, and such notice shall be received each time there is a change in the amount of payment.
- The account that my/our financial institution is authorized to draw upon is indicated below. A specimen cheque has been marked 'void' or PAD form and attached to this authorization.
- I/we undertake to inform my/our insurer, in writing, of any change in the account information provided in this authorization prior to the next payment due date.
- I/We understand that this authorization is continuous and will automatically apply to the renewal terms, unless instructed differently.
- I/We authorize my/our Insurer to collect or use my/our personal information for the purpose of this authorization for the automatic withdrawals for payment of my/our insurance premiums. I/We authorize my/our Insurer to disclose any personal information contained in this authorization form to its financial institution to the extent disclosure is directly related to and necessary for the proper execution of the pre-authorized debit transaction for the policy number(s) noted above.
- I/We may withdraw my/our consent to collect, use or disclose my/our personal information for the purpose of this authorization for automatic withdrawals for payment of my/our insurance premiums. Withdrawal of my/our consent will result in cancellation of this authorization for automatic withdrawals for payment of my/our insurance premiums, in which case I/we must make other arrangements for payment of my/our insurance premiums.

Bank account information

Branch/Transit #	Bank #	Bank Account # <input type="checkbox"/> Personal <input type="checkbox"/> Commercial
Name and address of Financial Institution:		
Signature(s) as shown on bank records (If different from signature below)		
Today's date:	Preferred payment date:	
Authorized/Insured's signature	Authorized/Insured's signature	

Attach a sample cheque marked 'VOID' or a pre-authorized debit form (PAD form) from your financial institution and return to your broker.



This policy contains a clause(s) that may limit the amount payable.

Policy declarations

Named Insured

1534196 ONTARIO INC.
5460 CANOTEK ROAD, 110
GLOUCESTER ON K1J 9H2

Your Broker

BROKERLINK INC.
100-6 ANTARES DR., PHASE III
OTTAWA
ON K2E 8A9

Aviva Enterprise Commercial Business Policy

Your policy number: 81913536

Effective December 1, 2023 at 12:01 am
to November 13, 2024 at 12:01 am
(local time at the postal address)

Your total return premium \$1,419

Your insurance coverage is provided by
Aviva Insurance Company of Canada
2100-112 Kent Street
Tower B
Ottawa, ON K1P 5P2

Change description

DELETED LOCATION 1: 22-5480 CANOTEK ROAD, OTTAWA ON K1J 9H7

The only insurance afforded by this policy is that which is provided by the forms indicated below. Reference should be made to the applicable forms for details.

Conditions, Forms and Endorsements applicable to the entire policy

Form number	Form name
910000-02	Policy Conditions
910001-06	Property, Business Income, Inland Marine, Crime and Equipment Breakdown Common Conditions and Exclusions
910002-02	Liability Conditions

Location 1

Return premium: \$1,419

Address: 5480 CANOTEK ROAD, 22, OTTAWA ON K1J 9H7
Insured occupancy/operation: COMMERCIAL CONDO UNIT OWNER
Other occupancy: LEASED BY 3RD PARTY AS OFFICE
Construction: NON-COMBUSTIBLE
Loss, if any, is payable to: THE INSURED

Forms and endorsements applicable to Location 1

Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)	Premium (\$)
	PROPERTY				
911000-07	Property Insurance				Deleted

CONTINUED ON NEXT PAGE

Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)	Premium (\$)
	Equipment				Deleted
911516-02	Water Damage Deductible Endorsement				Deleted
911255-02	Condominium Unit Owners Endorsement				Deleted
	Contingent Condo Unit				Deleted
	Difference in Deductible				Deleted
	Lock Replacement				Deleted
	Lost key(%): 0				
	Loss Assessment				Deleted
	Trustee Fees				Deleted
911301-02	Earthquake Shock Endorsement				Deleted
911302-02	Flood Endorsement				Deleted
911306-01	Sewer Back Up Endorsement				Deleted
	EQUIPMENT BREAKDOWN				
914000-03	Equipment Breakdown Insurance Form				Deleted
	CRIME				
915000-02	Crime Form				Deleted
	B. Money, Securities and Other Property				Deleted
	Supplementary Coverages				Deleted
	Medical Expense Incurred from Robbery				Deleted
	Each Person				Deleted
	Annual Aggregate				Deleted

Authorized Signature of Insurer
Corporate Secretary

President and Chief Executive Officer

Cancellation of policy

If you wish to cancel this policy, please sign the following and return this certificate to your agent.

In consideration of A RETURN PREMIUM to be calculated as provided in the policy conditions and to be paid by, the Insurer to the Insured, this policy is hereby cancelled.

Date _____

Signature of insured

PAYEE, if any, must discharge interest by signing this Form.

Payee

FOR FURTHER INFORMATION, CONTACT YOUR BROKER AT (613) 596-9697

Policy Number: 81913536
Effective Date: December 1, 2023

Schedule of Named Insureds

1534196 Ontario Inc.

operating as
Axcell Painting

and
OTTAWA CABINET PAINTING

Policy Number: 81913536
Effective Date: December 1, 2023

Schedule of Items

Location 2

Attached to and forming part of Form 911255 - Condominium Unit Owners Endorsement

Item	Description	Limit (\$)	Deductible (\$)
	Contingent Condo Unit		
1	Condo Contingent Coverage - \$100,000 Condo Loss Assessment - \$100,000	214,000	1,000