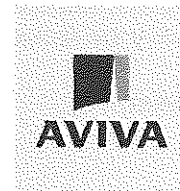


Line: COM Company: 04 Branch: 08

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

Please visit us at: aviva.ca



Renewal Policy 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**, is pleased to enclose the renewal of your Commercial policy. Please review your policy to ensure that all the information is accurate, as the coverage and premiums are based on the information provided.

Please read, sign and return the documents at the end of your package.

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	November 13, 2022	Renewal Policy	\$5,875.00	\$176.25	\$470.00	\$6,521.25
Total Amount Due:						\$6,521.25

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, please complete the authorization form on the back of this page 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	\$6,521.25
Total Amount Due:		\$6,521.25

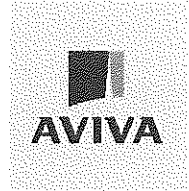
Payment Schedule

November 13, 2022	\$1,086.95	May 13, 2023	\$543.43
December 13, 2022	\$543.43	June 13, 2023	\$543.43
January 13, 2023	\$543.43	July 13, 2023	\$543.43
February 13, 2023	\$543.43	August 13, 2023	\$543.43
March 13, 2023	\$543.43	September 13, 2023	\$543.43
April 13, 2023	\$543.43		

- Pre-authorized payments, from your bank account, will be withdrawn automatically as scheduled.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.

To enroll in our convenient Pre-Authorized Chequing plan, complete, sign, and return this form.

EFT AUTHORIZATION FORM (H1 COMPLIANT)		Account number: 50450725	
<p>Please see below for the Rights and Obligations provided in accordance with CPA's Rule H1.</p> <p>MY/OUR SIGNATURE CONFIRMS THAT:</p> <ul style="list-style-type: none"> • 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 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 (contact information available on the reverse of this form). • 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: <ol style="list-style-type: none"> 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 understand 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" 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 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. 			
For pre-authorized payment from your bank account:			
Branch/Transit #:	Bank #:	Bank account #:	Business: <input type="checkbox"/> Personal: <input type="checkbox"/>
Name and address of Financial Institution:			
Signature(s) as shown on bank records:			
Today's date:			



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 November 13, 2022 at 12:01 am
to November 13, 2023 at 12:01 am
(local time at the postal address)

Your policy premium is \$5,875

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

Change description

New version of form(s) attached -
910000-02,911000-06,91100A-06,911301-02,911302-02,912000-03,913003-02,914000-03,91400A-03,916000-04,916015-02,910001-05,911516-02

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
910001-05	Property, Business Income, Inland Marine, Crime and Equipment Breakdown Common Conditions and Exclusions
910002-02	Liability Conditions
910505-01	Cyber Incident Clarification Endorsement (Perils Writeback)

CONTINUED ON NEXT PAGE

JTA6078229-0003257-00140-0075-0015-00

Location 1
Premium: \$1,352

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 (\$)
	PROPERTY			
911000-06	Property Insurance			
	Equipment	1,000	90%	154,500
911516-02	Water Damage Deductible Endorsement	5,000		Included
911255-01	Condominium Unit Owners Endorsement			
	Unit Improvements and Betterments	1,000		
	Contingent Condo Unit	See Schedule		See Schedule
	Difference in Deductible	1,000		10,000
	Lock Replacement			5,000
	Lost key(%): 10			
	Loss Assessment	1,000		5,000
	Trustee Fees			50,000
911301-02	Earthquake Shock Endorsement	5%		Included
		Minimum 100,000		
911302-02	Flood Endorsement	25,000		Included
911306-01	Sewer Back Up Endorsement	5,000		Included
	EQUIPMENT BREAKDOWN			
914000-03	Equipment Breakdown Insurance Form	1,000		154,500
	CRIME			
915000-02	Crime Form			
	B. Money, Securities and Other Property			10,000
	Supplementary Coverages			
	Medical Expense Incurred from Robbery			
	Each Person			5,000
	Annual Aggregate			10,000

JTA8078229-0003258-00140

CONTINUED ON NEXT PAGE

Location 2
Premium: \$1,461

Address: 5460 CANOTEK ROAD, 110, OTTAWA ON K1J 9H2
 Insured occupancy/operation: COMMERCIAL CONDO UNIT OWNER
 Other occupancy: OCCUPIED BY INSD. AS OFFICE AND SPRAY WORK AREA
 Construction: NON-COMBUSTIBLE BUILDING
 Loss, if any, is payable to: THE INSURED



Forms and endorsements applicable to Location 2

Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)
PROPERTY				
911000-06	Property Insurance			
	Equipment	1,000	90%	154,500
	Stock	1,000	90%	61,800
911516-02	Water Damage Deductible Endorsement	5,000		Included
911255-01	Condominium Unit Owners Endorsement			
	Unit Improvements and Betterments	1,000		
	Contingent Condo Unit Difference in Deductible	See Schedule		See Schedule
	Lock Replacement	1,000		10,000
	Lock Replacement			5,000
	Lost key(%): 10			
	Loss Assessment	1,000		5,000
	Trustee Fees			50,000
911301-02	Earthquake Shock Endorsement	5%		Included
		Minimum 100,000		
911302-02	Flood Endorsement	25,000		Included
911306-01	Sewer Back Up Endorsement	5,000		Included
EQUIPMENT BREAKDOWN				
914000-03	Equipment Breakdown Insurance Form	1,000		216,300
CRIME				
915000-02	Crime Form			
	B. Money, Securities and Other Property			10,000
	Supplementary Coverages			
	Medical Expense Incurred from Robbery			
	Each Person			5,000
	Annual Aggregate			10,000

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CONTINUED ON NEXT PAGE

Policy level
Premium: \$939

Description of operations: INTERIOR/EXTERIOR PAINTING CONTRACTOR
 25% CABINET PAINTING

Forms and endorsements applicable to this policy

Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)
	PROPERTY			
911000-06	Group One - Blanket	1,000		250,000
	Automatic Fire Suppression Recharge			Included
	Brands and Labels			Included
	Building damage by theft			Included
	Landscaping and Growing Plants			Included
	Master Key			Included
	Newly acquired Business Contents			Included
	Personal Effects - Officers - Employees, Customers and Guests			Included
	Seasonal Stock			Included
	Group Two - Additional Limits			Included
	Accounts Receivable			250,000
	Building and Business Contents - Newly acquired locations	1,000		1,500,000
	Building Improvements /Betterment - Course of Construction	1,000		250,000
	Building Upgrade			50,000
	Business Contents away from Premises	1,000		50,000
	Business Contents in transit	1,000		50,000
	Business Property at Residence	1,000		10,000
	By-laws			100,000
	Catch all Aggregate			50,000
	Cleanup Expenses for Land and Water Pollution Aggregate	1,000		50,000
	Confiscated or Seized property	1,000		25,000
	Debris Removal			250,000
	Environmental Upgrade Aggregate			250,000
	Errors and Omissions	1,000		50,000
	Expediting Expense			50,000
	Extra Expense			50,000
	Exterior Paving	1,000		50,000
	Fine Arts with Schedule			Not Covered
	Fine Arts without Schedule	1,000		50,000
	Fire Fighting Expenses			100,000
	Damage by Animals or Insects	1,000		10,000
	Inspection and Approval Costs			10,000
	Installation Floater	1,000		100,000
	Professional Fees	1,000		100,000
	Earthquake Deductible - Installation Floater			Not Covered
	Flood Deductible - Installation Floater			Not Covered
	Reward			10,000

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Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)
	Stock Contamination	1,000		25,000
	Stock Spoilage	1,000		25,000
	Distance (kms): 25			
	Valuable Papers and Records			100,000
	Valuable Property	1,000		1,000
	BUSINESS INCOME			
912000-03	Business Income Actual Loss Sustained Form			
	Indemnity Period (Months): 12			
	Waiting Period Hour(s): 24			
	Group One Blanket			250,000
	Accountants' Fees			Included
	Fines and Penalties			Included
	Leasehold Interest			Included
	Newly Acquired Locations			Included
	Group Two -Additional Limits			Included
	Contingent Business Interruption			50,000
	Utilities Service Interruption			25,000
	Distance(km): 25			
	Group Three - Time/Distance Limits			Included
	Mortgage Rate Guarantee			25,000
	Ordinary Payroll Expenses			
	Ordinary Payroll - Business Income Indemnity Period			Included
	Restricted Access			10,000
	Time Period Day(s): 30			
	INLAND MARINE			
913003-02	Contractors' Equipment Floater - Broad Form			
	Contractor's Equipment incl Rented , Leased or Borrowed - Blanket	Minimum	2% 1,000	100% 25,000
	Tools		1,000	100% 10,000
	Group One - Blanket		1,000	100,000
	Employees Tools and Clothing			Included
	Fire Extinguishing Equipment Recharge			Included
	Group Two - Additional Limits			Included
	Cleanup Expenses for Pollution Annual Aggregate		1,000	50,000
	Confiscated or Seized property			25,000
	Debris Removal			50,000
	Expediting Expense			50,000
	Fire Fighting Expenses			5,000
	Newly Acquired Contractors Equipment		1,000	250,000
	Rental Reimbursement - Loss of Use			50,000
	Reward			10,000
	EQUIPMENT BREAKDOWN			
914001-03	Business Income - Actual Loss Sustained - Equipment Breakdown			
	Indemnity Period (Months): 12			
	Waiting Period Hour(s): 24			
	Supplementary Coverages			
	Group One - Blanket			50,000



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Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)
	Accountants' Fees			Included
	Fines and Penalties			Included
	Leasehold Interest			Included
	Newly Acquired Locations			Included
	Group Two - Additional Limits			
	Contingent Business Interruption			10,000
	Waiting Period Hour(s): 24			
	Internet Service Provider			10,000
	Utilities Service Interruption			10,000
	Distance (kms): 1			
	Waiting Period Hour(s): 24			
	Group Three - Time/Distance Limits			
	Mortgage Rate Guarantee			25,000
	Ordinary Payroll Expenses			
	Ordinary Payroll - 60 days			Included
	Restricted Access			10,000
	Time Period Day(s): 30			
914000-03	Group One - Blanket	1,000		500,000
	Ammonia Contamination			Included
	Brands and Labels			Included
	Hazardous Substances			Included
	Research and Development Costs			Included
	Group Two - Additional Limits			Included
	By-laws			100,000
	Catch All Aggregate			50,000
	Data Coverage	1,000		100,000
	Data Processing Equip and Media at Residence	1,000		100,000
	Data Processing Equip and Media - Off Premises	1,000		100,000
	Debris Removal			250,000
	Environmental Upgrade Aggregate			250,000
	Errors and Omissions			10,000
	Expediting Expense			50,000
	Extra Expense	1,000		50,000
	Distance(km): 25			
	Fluid Escape			50,000
	Inspection and Approval Costs			10,000
	Newly Acquired Locations			1,500,000
	Professional Fees			10,000
	Stock Spoilage	10%	80%	10,000
	Distance(km): 25	Minimum	1,000	
	CRIME			
915000-02	Crime Form			
	A. Employee Dishonesty			25,000
	C. Counterfeit Currency and Money Orders			10,000
	D. Forgery, Alteration, Credit Card and AT Card			10,000
	E. Electronic Fraud and Funds Transfer Fraud			10,000
	F. Property in Safety Deposit Boxes			10,000
	G. Incoming Cheque Forgery			10,000

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Form number	Coverage	Deductible (\$)	Co-insurance	Limits of insurance (\$)
	Supplementary Coverages			
	Client or Customer Property	1,000		10,000
	Professional Fees			10,000



Liability level

Total or advance liability premium: \$2,123

Minimum retained liability premium: \$1,505

Forms and endorsements applicable to this policy

Form number	Coverage	Deductible (\$)	Limits of insurance (\$)
	LIABILITY		
916000-04	General Liability Form		
	A. Bodily or Mental Injury and Property Damage		Included
	Each Occurrence	Bodily / Mental Injury Property Damage	5,000,000
	Products-Completed Operations Aggregate		5,000,000
	B. Personal and Advertising Injury - Any one person or organization		5,000,000
	C. Tenant's Property Damage Liability - Any one premises	1,000	500,000
	D. Voluntary Medical Payments - Any one person		50,000
	Employer's Liability		Included
916351-01	Limited Contingent Wrap-Up Endorsement - Difference in Condition/Deductible/Limits		Included
	Difference in deductible limit (\$) : 10000		
916015-02	Employee Benefits Liability		
	Each Employee Limit	1,000	5,000,000
	Aggregate		5,000,000
916019-01	Contingent Elevator and Hoist - Each Occurrence	1,000	100,000
916100-01	SPF 6 - Non-Owned Auto Insurance (Including SEF 94, 96 and 99)		
	Third Party Liability		5,000,000
	SEF 94 Legal Liability for Damage to Hired Automobiles	1,000	100,000
916550-01	O.E.F. 98B Reduction of Coverage for Lessees or Drivers of Leased Vehicles Endorsement		Included
	CYBER COVERAGE		
918200-01	Cyber Suite Coverage		
	A. Data Compromise Response Expense		
	Annual Aggregate	1,000	25,000
	Sublimit Per Occurrence		
	Forensic IT Review		12,500
	Legal Review		12,500
	Public Relations		5,000
	Regulatory Fines And Penalties		12,500

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CONTINUED ON NEXT PAGE

Form number	Coverage	Deductible (\$)	Limits of insurance (\$)
	PCI Fine And Penalties		12,500
	Named Malware		25,000

Liability rating schedule

Attached to and forming part of form 916000

Classifications	Industry code	Rating basis	Rating amount	Rating method	Rate
Interior/ Exterior Painting -No Spray Painting-No Paint Storage	1754-30	Revenue	490,000	Per Thousand	2.306
Painting of Cabinets and installation.	1752-30	Revenue	210,000	Per Thousand	3.148



Authorized Signature of Insurer
Corporate Secretary



President and Chief Executive Officer

JTA8078229-0003264-00140

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



JTA8078229-0003265-00140-0075-0015-00-

Policy Number: 81913536
Effective Date: November 13, 2022

Schedule of Items

Location 1
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	200,000	1,000



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	200,000	1,000

JTA8078228-0003267-00140-0075-0020-00-

Policy Number: 81913536
Effective Date: November 13, 2022

Schedule of Named Insureds

1534196 Ontario Inc.

operating as
Axcell Painting

and
OTTAWA CABINET PAINTING

JTA8078229-0003268-00140