



COMMERCIAL INSURANCE POLICY  
 Effected with AXA Pacific Insurance Company  
 (hereinafter called the Insurer) through



<b>Policy# 1042</b>		<b>RENEWAL A</b>		Westcu Insurance Services Ltd.	
NAMED INSURED & POSTAL ADDRESS <b>Advance Window Cleaning o/b Dean Campbell</b>		AGENT NO: WE1		BRANCH: Maple Ridge	
RISK ADDRESS Various		LOSS, IF ANY PAYABLE TO: <b>Insured</b>		UW: LW	
POLICY PERIOD <b>FROM</b>		DAY MONTH YEAR 12 October 2009		TO	
DAY MONTH YEAR 12 October 2010		12:01 a.m., STANDARD TIME AT THE POSTAL ADDRESS OF THE INSURED AS STATED HEREIN		12 MONTH POLICY TERM ONLY	
INDUSTRY CODE <b>73</b>		ADDITIONAL INSURED, IF ANY City of Surrey			

THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE

**DESCRIPTION OF OPERATIONS: Window Cleaner**

PROPERTY						
FORM		CO%	DED	LIMIT	PREMIUM	
COM-24	MISCELLANEOUS PROPERTY FLOATER – Actual Cash Value	90%	500	2,500	125.00	
MGM422	LOCKED VEHICLE WARRANTY	--	--	--	INCLUDED	
LIABILITY						
FORM	Insured is an <input type="checkbox"/> individual <input type="checkbox"/> partnership or joint venture <input checked="" type="checkbox"/> organization				LIMIT	PREMIUM
CGL-1	COMMERCIAL GENERAL LIABILITY				--	1,375.00
	- BODILY INJURY & PROPERTY DAMAGE INCLUSIVE LIMIT				2,000,000	INCLUDED
	- PRODUCTS & COMPLETED OPERATIONS LIMIT				2,000,000	INCLUDED
	- PERSONAL INJURY				2,000,000	INCLUDED
CGL-12	NON-OWNED AUTOMOBILE ENDORSEMENT				2,000,000	INCLUDED
CGL-150	LONG TERM LEASE EXCLUSION (SEF99) ENDORSEMENT				--	INCLUDED
CGL-42	ADDITIONAL INSURED ENDORSEMENT				--	INCLUDED
EXTENSION AND LIMITATIONS OF COVERAGE APPLICABLE ONLY WHEN DESIGNATED <input checked="" type="checkbox"/> IN THE BOX(ES) BELOW						
CGL-4	<input checked="" type="checkbox"/> MEDICAL PAYMENTS - LIMIT \$5,000 PER PERSON \$25,000 PER ACCIDENT					
GROSS RECEIPTS \$115,000			RE-IMBURSEMENT CLAUSE: \$1,000			

**WESTCU INSURANCE SERVICES LTD.**  
 607 SIXTH STREET  
 NEW WESTMINSTER, B.C.

TOTAL PREMIUM PAYABLE	<b>1,500.00</b>
MINIMUM RETAINED PREMIUM	600.00

0100 COUNTER SIGNED [Signature] AUTHORIZED REPRESENTATIVE

NOTICE Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer.

[Signature]  
 Per: **Barry Nelson**



The insured is requested to read this policy, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this insurance, immediate notice should be given to the office designated above.

POLICY FEE \$100

**ATTENTION!**  
 Your renewal may contain new wordings.  
 Please read your policy.