HOME INSURANCE CERTIFICATE — CERTIFICAT D'ASSURANCE HABITATION

NEW POLICY

Thomson Jemmett Vogelzang operated by Johnson Inc.
Johnson Inc shares common ownership with Unifund Assurance Company.

INSURER / ASSUREUR

Unifund Assurance Company *St. John's, NL*

INSURED AND ADDRESS / NOM ET ADRESSE DE L'ASSURÉ

MRS AMY COOKE
1037 OAK LANE SOUG
SHARBOT LAKE
ON
K0H 2P0

REF. NO. 93PULA00 POL. NO. DQ93PCP35W

Policy Period / Durée du contrat 01 Apr 2013 01 Apr 2014

12:01 am all times are local time at the insured's postal address stated herein
A 0h 01, toutes les heures indiquée représentent l'heure normale à l'adresse postale de l'assuré indiquée ci-dessus

LOCATION / EMPLACEMENT

1 1037 OAK LANE SOUTH
SHARBOT LAKE K0H 2P0
Detached Single Family
Tenant
Electric
Wood Stove

2

MORTGAGEE / CRÉANCIER

1

2

INSURANCE IS PROVIDED ONLY FOR COVERAGES INDICATED BY A LIMIT AND A PREMIUM
L'ASSURANCE NE PORTE QUE SUR LES GARANTIES SUIVANTES POUR LESQUELLES ON A INDIQUÉ UNE LIMITE DE GARANTIE ET UNE PRIME.

Residential Insurance Package / Assurance multiple des maisons d'habitation — Form / Formulaire: 3207 Tenants Comprehensive — Edition / Édition

Section 1. Deductible / Franchise $ 1000				Section 2			
A. Dwelling Building / Bâtiment d'habitation	B. Private Structures / Dépendances	C. Personal Property / Biens meubles	D. Additional Living Expenses / Frais de subsistance supplémentaires	E. Liability Coverage / Assurance de vos Responsabilités	F. Voluntary Medical Payments / Remboursement volontaire des frais médicaux	G. Voluntary Property Damage Payments / Règlement volontaire des dommages matériels	PREMIUM / PRIME
		$25,000	20 % of C	$2,000,000 Each Occurrence / Par événement	$10,000 Each Person / Par personne	$5,000 Each Occurrence / Par événement	$247.00

Applicable to Insured's Residence only
Applicable seulement à la résidence de l'assuré

SEPARATE INSURANCE COVERAGE(S) / GARANTIE(S) DISTINCTE(S)

LOCATION / EMPLACEMENT

Coverage / Garantie	Form / Formulaire	Edition / Édition	Deductible / Franchise	Limits / Limites	PREMIUM / PRIME
Dwelling Buildings / Bâtiments d'habitation					
Personal Property / Biens meubles					

E. Personal Liability Rider / Assurance de vos Responsabilités — Form / Formulaire; Each Occurrence / Par événement; Edition / Édition

F. Voluntary Medical Payments / Remboursement volontaire des frais médicaux — Each Person / Par personne

G. Voluntary Property Damage / Règlement volontaire des dommages matériels — Each Occurrence / Par événement

OTHER / AUTRE — **PREMIUM / PRIME**

REPLACEMENT COST/CONTENTS LOC - 1
PS Plus Platinum — *$23.00*

Benefit 11. Vanishing Deductible, part of PS-Home Plus Plan, is amended as follows:
If your claim amount exceeds your applicable policy deductible by $6,000, your claim will be paid without your having to pay your deductible.
This Vanishing Deductible does not apply to any earthquake, sewer back-up, or water claim if such coverage is provided by the policy.

RIDERS AND SCHEDULES	*DEDUCTIBLE*	*COVERAGE AMOUNTS*	
1. PREMIER COVERAGE RIDER, JIL 435			
PREMIER COVERAGE RIDER	*PER POLICY*	*AS PER RIDER*	
2. SEWER BACK-UP ENDORSEMENT, JIL 283			
SEWER BACK-UP ENDORSEMENT	*PER POLICY*	*PER POLICY*	*$30.00*

Total Premium / Prime Totale:	$300.00
Tax / Impôt:	$24.00
Total / Totale:	$324.00

In Witness Whereof, the Insurer has executed and attested these presents but this Certificate shall not be valid unless countersigned by a duly authorized representative of the Insurer.

Fait par l'Assureur et valable à condition d'être contresigné par un agent qualifié de ce dernier.

Authorized Representative / Agent Qualifié

Manager, Corporate Underwriting
Directrice de la Souscription, Siège Social

I A 0 DM 1950 1000 93PZ2T 01/04/2013 01/04/2014 699 93P 93P G 324.00
536 10 deduction periods starting May. 5 / 2013 amount for this policy $32.40

This policy contains a clause which may limit the amount payable.
La présente police contient une clause qui peut limiter le montant exigible.

MAX006 (01-2010)