Optimum Insurance Company Inc.
147 McIntyre Street West
P.O. Box 1288
North Bay, Ontario P1B 8K5
Tel. : 705-476-4814
Fax. : 705-476-8694
www.optimum-general.com

COMMERCIAL INSURANCE POLICY

DECLARATIONS

In consideration of the premium stated, the Insurer(s) will indemnify the Insured in accordance with the terms and conditions of this Policy and attached Forms and Endorsements. Insurance is provided only for those coverages for which Forms and Endorsements are attached and specific amounts or limits of insurance are stated.

NAMED INSURED(S) & MAILING ADDRESS

ORO HILLS PROPERTY OWNERS ASSOCIATION
c/o ROB PEPPLER

4 TRILLIUM TRAIL, RR #4
COLDWATER, ON, CANADA
L0K 1E0

POLICY NUMBER	**(BKR)**	**00114599**
CERTIFICATE NUMBER		**0001**
REPLACING POLICY NUMBER		
REFERENCE NUMBER		
TRANSACTION	Renewal	25.00
EFFECTIVE DATE		June 15, 2026
POLICY PERIOD	12:01 AM STANDARD TIME AT THE MAILING ADDRESS OF THE INSURED AS STATED HEREIN	
FROM	June	15, 2026
TO	June	15, 2027

YOUR BROKER

MCDOUGALL INSURANCE BROKERS LIMITED (1328-101243)
Suite 218 - 199 FRONT ST.
BELLEVILLE, ON K8N 5A6

Phone : 613-966-7001

MINIMUM RETAINED PREMIUM	**$500**
TOTAL PREMIUM PAYABLE	**$2,296**

IN WITNESS WHEREOF, THE INSURER HAS EXECUTED AND ATTESTED THESE PRESENTS BUT THIS POLICY SHALL NOT BE VALID UNLESS COUNTERSIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF THE INSURER.

PRESIDENT AND CHIEF OPERATING OFFICER

BY: _____
AUTHORIZED REPRESENTATIVE

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE

Please see our web site *www.optimum-general.com* for the Code of Consumer Rights and Responsibilities in the section "Useful Links".

12/05/2026

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LOCATION #1 *(Building #1)*

ADDRESS OF PROPERTY INSURED: 637 HORSESHOE VALLEY RD,ORO-MEDONTE TWP,ON,CANADA,

CONSTRUCTION: FRAME AND ALL OTHER

BUSINESS OPERATION(S) OF THE INSURED: BUILDING OWNER-OCCUPIED BY ORO HILLS PROPERTY OWNERS ASSOCIATION FOR STORAGE OF THEIR PROPERTY

PROPERTY & BUSINESS INTERRUPTION

FORM	NUMBER	DESCRIPTION	BS	DEDUCTIBLE	CO-INS. %	AMOUNT OF INSURANCE	PREMIUM
50000	**01-2018**	**MULTI-PERIL**					
51233	**01-2002**	**COMMERCIAL BUILDING, EQUIPMENT AND STOCK - NAMED PERILS FORM**					
		BUILDING	RC	$1,000	80.00 %	$103,000	Included
11364	**07-1984**	**INFLATION PROTECTION ENDORSEMENT**					
11061	**03-1984**	**REPLACEMENT COST EXTENSION**					
AC112	**04-2003**	**FUNGI AND FUNGAL DERIVATIVES EXCLUSION**					
AC194	**01-2019**	**CANNABIS EXCLUSION**					
AC195	**01-2019**	**CONTROLLED DRUGS AND SUBSTANCES ACT EXCLUSION**					
AC208	**07-2021**	**DATA, DATA PROBLEM & CYBER EXCLUSION ENDORSEMENT**					
AC215	**09-2025**	**WAR EXCLUSION ENDORSEMENT**					
AC180	**11-2017**	**CANCELLATION NOTICE AMENDMENT ENDORSEMENT**					
AC205	**08-2021**	**COMMUNICABLE DISEASE EXCLUSION ENDORSEMENT**					

(BS) BASIS OF SETTLEMENT: (RC) Replacement Cost, (ACV) Actual Cash Value, (STA) Stated Amount, (AA) Agreed value.

TOTAL PREMIUM - LOCATION #1 *(Building #1)* ***INCLUDED***

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LIABILITY

LOC-BLD	FORM NUMBER		DESCRIPTION	DEDUCTIBLE	AMOUNT OF INSURANCE	
	34000	**01-2018**	**COMMERCIAL GENERAL LIABILITY**			
			COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY		$5,000,000	PER OCCURRENCE
			COVERAGE A - PRODUCTS/COMPLETED OPERATIONS HAZARD		$5,000,000	AGGREGATE
			COVERAGE B- PERSONAL INJURY LIABILITY		$5,000,000	PER PERSON
			COVERAGE C - MEDICAL PAYMENTS		$25,000	PER PERSON
			INCLUSIVE LIMIT FOR COVERAGE A, B AND C		$5,000,000	PER OCCURRENCE
			COVERAGE D - TENANTS LEGAL LIABILITY	$1,000	$250,000	PER LOCATION
			COVERAGE E - EMPLOYEE BENEFITS LIABILITY	$1,000	$1,000,000	PER CLAIM
					$1,000,000	AGGREGATE
			DEDUCTIBLE APPLICABLE TO COVERAGE A - PROPERTY DAMAGE	$1,000		
	33704	**09-1989**	**LIMITATION OF COVERAGE TO DESIGNATED PREMISES**			
			(AS PER SCHEDULE/DESCRIPTION - LIMITATION OF COVERAGE TO DESIGNATED PREMISES)			

DESCRIPTION OF HAZARDS

Unless otherwise specified, all activities of the insured existing on the date that this insurance takes effect are listed hereunder.

Rating Basis:

LOC-BLD	PREMISES - OPERATIONS	ESTIMATE	RATING BASIS	RATE	PREMIUM
	52 ACRES OF PARKLAND OWNED BY INSURED FOR ASSOCIATION MEMBER'S RECREATIONAL PURPOSE.				Included

TOTAL PREMIUM - LIABILITY ***INCLUDED***

SCHEDULE / DESCRIPTION

LIMITATION OF COVERAGE TO DESIGNATED PREMISES

PREMISES:

52 ACRES OF PARKLAND OWNED BY THE RESIDENTS OF ORO HILLS
SUBDIVISION LOCATED AT:
PART OF ORO HILLS SUBDIVISION,PART OF EAST HALF
LOT 1, CONCESSION 5, BLOCKS 29,30,31,34, AND 35
PLAN 51M-324, ORO MEDONTE TWP, ONTARIO

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Short-Rate Table

The following table applies when termination of the policy is requested by the Insured. The insurer will calculate the earned premium with the short-rate table below and will refund the excess portion of the premium paid by the insured in accordance with the Statutory Conditions.
Under no circumstances will the amount of the premium calculated at the short-rate be less than the amount of the non-refundable minimum premium specified in the policy.

Days since inception	% of premium returned	Days since inception	% of premium returned	Days since inception	% of premium returned	Days since inception	% of premium returned	Days since inception	% of premium returned	Days since inception	% of premium returned	Days since inception	% of premium returned	Days since inception	% of premium returned
1	95	23-25	83	66-69	71	110-113	59	154-156	47	201-205	35	256-260	23	311-314	11
2	94	26-29	82	70-73	70	114-116	58	157-160	46	206-209	34	261-264	22	315-319	10
3-4	93	30-32	81	74-76	69	117-120	57	161-164	45	210-214	33	265-269	21	320-323	9
5-6	92	33-36	80	77-80	68	121-124	56	165-167	44	215-218	32	270-273	20	324-328	8
7-8	91	37-40	79	81-83	67	125-127	55	168-171	43	219-223	31	274-278	19	329-332	7
9-10	90	41-43	78	84-87	66	128-131	54	172-175	42	224-228	30	279-282	18	333-337	6
11-12	89	44-47	77	88-91	65	132-135	53	176-178	41	229-232	29	283-287	17	338-342	5
13-14	88	48-51	76	92-94	64	136-138	52	179-182	40	233-237	28	288-291	16	343-346	4
15-16	87	52-54	75	95-98	63	139-142	51	183-187	39	238-241	27	292-296	15	347-351	3
17-18	86	55-58	74	99-102	62	143-146	50	188-191	38	242-246	26	297-301	14	352-355	2
19-20	85	59-62	73	103-105	61	147-149	49	192-196	37	247-250	25	302-305	13	356-360	1
21-22	84	63-65	72	106-109	60	150-153	48	197-200	36	251-255	24	306-310	12	361-365	0

TERMINATION

Return premium: _____ Date of termination: _____

In consideration of the return premium, the receipt of which is hereby acknowledged, this Policy and Renewal Certificates (if any) are hereby terminated and surrendered to the Insurer.

How terminated - Short rate: ☐
- Pro rata: ☐

_____
Insured

Quote new Policy No., if replaced: _____

_____
Mortgagee or Loss Payee

12/05/2026

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