

CONFIRMATION OF INSURANCE

REVISED

DATE (MM/DD/YY)
July 13, 2011

BROKER
Canada Brokerlink (Ontario) Inc.
255 Consumers Road, Suite #160
Toronto, ON M2J 1R4

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INSURED'S FULL NAME AND MAILING ADDRESS


702244 ONTARIO LTD. O/A HOME INSTEAD SENIOR CARE
5359 DUNDAS STREET WEST, SUITE 306
TORONTO ON M9B 1B1

COMPANIES AFFORDING COVERAGE	
COMPANY A	INTACT INSURANCE (Formerly ING Insurance)
COMPANY B	
COMPANY C	
COMPANY D	

COVERAGES
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this document may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (Canadian dollars unless indicated otherwise)	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE	501248163	06/16/11	06/16/12	EACH OCCURRENCE	\$ 2,000,000
					GENERAL AGGREGATE	\$ 5,000,000
					PRODUCTS-COMP/OP AGGREGATE	\$ 2,000,000
					PROPERTY DAMAGE DEDUCTIBLE	\$ 1,000
					BODILY INJURY DEDUCTIBLE	\$ Nil
A	<input checked="" type="checkbox"/> MISCELLANEOUS MALPRACTICE LIABILITY (OCCURRENCE FORM)				EACH CLAIM \ AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOS	Not Applicable			BODILY INJURY & PROPERTY DAMAGE COMBINED	\$ -----
					COLLISION DEDUCTIBLE	\$ -----
					COMPREHENSIVE DEDUCTIBLE	\$ -----
					ALL PERILS DEDUCTIBLE	\$ -----
A	CRIME <input checked="" type="checkbox"/> EMPLOYEE DISHONESTY <input checked="" type="checkbox"/> THIRD PARTY DISHONESTY	501248163	06/16/11	06/16/12	LIMIT	\$ 25,000
					LIMIT	\$ 25,000
A	OTHER <input checked="" type="checkbox"/> ABUSE LIMITATION ENDORSEMENT COVERAGE	501248163	06/16/11	06/16/12	LIMIT/AGGREGATE	\$ 250,000

PROOF OF INSURANCE ONLY	DESCRIPTION OF OPERATIONS/LOCATIONS/ SPECIAL ITEMS RE: HOME HEALTH CARE AGENCY
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ISSUED TO: TO WHOM IT MAY CONCERN	AUTHORIZED REPRESENTATIVE CANADA BROKERLINK (ONTARIO) INC. 
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