



SASKATCHEWAN MUTUAL INSURANCE COMPANY
279 3rd Avenue North
SASKATOON SK S7K 2H8

CERTIFICATE OF INSURANCE NO.

This document is a Certificate of Insurance under Master Policy No. of the above Insurance Company, and together with that Policy, forms the contract of Insurance between the above Insurance Company and the Insured with respect to the property insured, as described below:

NAME AND ADDRESS OF INSURED:

DESCRIPTION OF INSURED PROPERTY: Dwelling building in course of construction.
LOCATION OF INSURED PROPERTY: (Project Site):

LOSS UNDER COVERAGE A PAYABLE TO:
DESCRIPTION OF COVERAGE:

- A. PROPERTY INSURANCE - In accordance with Builder's Risk Dwelling Form Rider MP5 (Broad Form) and endorsements pertaining thereto, forming part of the Master Policy.
B. FIRE DEPARTMENT CHARGES - In accordance with Fire Department Charges Endorsement - E37 forming part of the Master Policy.
C. LIABILITY: Commercial General Liability as per Liability Riders attached to the Master Policy.

CONSTRUCTION START DATE:
EFFECTIVE DATE: EFFECTIVE TIME:
EXPIRY DATE: (12:01 a.m. Standard Time)

Table with 2 columns: Description and Amount. Rows include PROPERTY RATE, Property Premium, Fire Department Charges Premium, Liability Premium, and Total Premium.

Subject to the Standard Mortgage Clause, if any, incorporated in the Policy.

WARRANTIES: It is warranted and made a condition on which this insurance has been given that:

- 1. The Insured Property is being constructed for the purpose of being occupied as a single family or duplex occupancy;
2. Plumbing, heating and electrical installations and connections will be performed by qualified tradespersons;
3. The Amount of Insurance shown above represents the final completed value of the project; and
4. No Insurer has refused or declined to renew insurance for the above-named insured.

This Certificate is made and accepted subject to the terms of the Master Policy which, together with this Certificate, forms the Policy of Insurance between the Insured and the Insurer. No terms of this contract shall be waived, in whole or in part, by the Insurer unless the waiver is clearly expressed in writing, signed by a person authorized for that purpose by the Insurer.

Disclosure: Consumer and previous insurer reports containing personal, credit, factual or investigative information, premium payment or claims history information may be sought or exchanged in connection with this certificate for insurance or a renewal, extension or variation or cancellation thereof. All statements in this certificate are true and the applicant hereby applies for a contract based on the truth of these statements.

Date: Signature of Applicant:

A copy of the Master Policy is available at the business place of the Insurer or its authorized representative.

AGENCY:

DATED: Authorized Representative