

**Contract Number** : As per Individual Foster Parent agreement  
**Social Service Program** : Foster Parent Services  
**Ministry** : Ministry of Children and Family Development

Aon Reed Stenhouse Inc.  
 1803 Douglas Street, 6<sup>th</sup> floor  
 Victoria, BC, V8T 5C3  
 Tel: (250) 388-7577 Fax: (250) 388 - 5164

This Certificate is evidence that insurance has been arranged on behalf of the Named Insured herein based on the application on file with the Insurer under the Master Policy No. CRX 53600, applicable as specifically indicated below and as amended by any endorsement attached hereto and subject to the Conditions and Exclusions of the Master Policy.

**Named Insured** All foster parents with a valid agreement with the Province of BC represented by the Ministry of Children and Family Development to provide foster care  
**Mailing Address** Federation of Aboriginal Foster Parents  
 3455 Kaslo St  
 Vancouver, BC V3M 3H4  
**Policy Term** April 1, 2010 at 12:01 a.m. to April 1, 2011 at 12:01 a.m. All times are local times at the Named Insured's postal address shown on this certificate.  
**Insured Operations** All agreements with the Province of BC represented by the Ministry of Children and Family Development to provide Foster Care.

"This insurance applies to all Foster Parent operations on any and all valid Agreements in place with the Ministry of Children and Family Development, for which this insurance has been extended within the agreement, and is in effect only while such Agreement(s) are active, regardless of the Insurance Term shown on the Certificate of Insurance"

### Summary of Coverages and Limits of Insurance Comprehensive General Liability – Occurrence Form

Coverage	Limits of Insurance
Comprehensive General Liability Including:	\$2,000,000
Products and Completed Operations	
Products and Completed Operations, Aggregate	\$2,000,000
Blanket Contractual	
World Wide Cover	
Medical Malpractice	
Directors' Liability	
Counselling & Consultation Liability	
Non-Owned Automobile Liability, Each accident or Occurrence	
Volunteers as Additional Insureds	
Contingent Employers Liability	
Use of Attached Machinery	
Cross Liability Clause	
Employees as Additional Insureds	
Personal Injury	
Loss of use without Property Damage	
Unlicensed and Specially Licensed Autos (whilst being operated off highways)	
Loading and Unloading of Automobiles	
<b>Deductible Clause:</b> \$250.00 Property Damage (If the loss exceeds \$250.00, the deductible is waived.)	

**THE POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE**  
 OR, IN THE CASE OF AUTOMOBILE INSURANCE,  
**THE POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE**

Insurers	Policy Number	Line of Business	Interest
Commonwealth Insurance Company	CRX 53600	Comprehensive General Liability	100%

This certificate is made and accepted subject to the foregoing stipulations and conditions of the Master Policy No. <<policy number>>, Issued by <<Insurer Name>> and which are hereby specifically referred to made part of this Certificate together with such provision, agreements or conditions, as may be endorsed here on or added hereto and no officer, agent or representative of the Insurer shall have the power to waive or be deemed to have waived any provision or condition of this Certificate unless such waiver, if any, shall be written hereon or attached to this Certificate nor shall apply any privilege or permission affecting the Insurer under this Certificate exist or be claimed by the Insured unless so written or attached, IN WITNESS WHEREOF the Insurer(s) listed above, through their representative duly authorized by them for this purpose, have executed and signed this certificate.

Signed on behalf of the insurers

Signed by John Giesbrecht – original signature on file

By

\_\_\_\_\_  
Authorized Representative

Dated at Victoria, BC on 7 December 2010

**IMPORTANT: PLEASE EXAMINE THIS DOCUMENT AND NOTIFY US IMMEDIATELY IF ANY CHANGE IS REQUIRED.**

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