

**Master Insurance Program
for Foster Care Services**

**Program Certificate of Liability
Insurance**

Contract Number : As per each individual agreement for Foster Care Services

Social Service Program : Foster Care Services

Authority : The Director

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. GLTOAADNJ5016 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 individual caregivers authorized by way of a valid agreement with the Director designated under s.91 of the *Child, Family and Community Services Act* ("the Director") to provide residential care for a child ("Foster Care Services").

Mailing Address c/o BC Federation of Foster Parent Association
207-22561 Dewdney Trunk Road
Maple Ridge, BC V2X 3K1

c/o Federation of Aboriginal Foster Parents
3455 Kaslo St
Vancouver, BC V3M 3H4

Insured Operations All Foster Care Services specified in the valid agreement between the Named Insured and the Director during the term of such agreement, while actively providing those services.

Summary of Insurance

Coverage	Limits of Insurance	Policy Term
Commercial (Comprehensive) General Liability including:	\$2,000,000 per occurrence	April 1, 2016 at 12:01 a.m. to
Bodily Injury Liability		April 1, 2017 at 12:00 a.m.
Personal Injury Liability		
Property Damage Liability		
Loss of use without Property Damage		
Non-Owned Automobile Liability, Each accident or Occurrence		
Deductible Clause: \$250.00 Property Damage Liability (If the loss exceeds \$250.00, the deductible is waived)		

Insurers	Policy Number	Line of Business	Interest
Liberty Mutual Insurance Company	GLTOAADNJ5016	Commercial General Liability	100%

This certificate is made and accepted subject to the foregoing stipulations and conditions of the Master Policy No. GLTOAADNJ5016, issued by Liberty Mutual Insurance Company and which are hereby specifically referred to made part of this Certificate together with such provision, agreements or conditions, as may be endorsed hereon 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.

Dated at Victoria, BC on

6 April 2016

Signed on behalf of the insurers

Signed by John Giesbrecht – original signature on file
By

Authorized Representative

**Aon Reed Stenhouse Inc. 1803 Douglas Street, 6th floor Victoria, BC, V8T 5C3
Tel: (250) 388-7577 Fax: (250) 388-5164 Email: mip@aon.ca**

All times are local times at the Named Insured's mailing address shown on this certificate.

IMPORTANT: RETAIN THIS CERTIFICATE AND AGREEMENT EVEN AFTER YOUR AGREEMENT EXPIRES.

**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**

