



# CERTIFICATE OF INSURANCE

**Freedom of Information and Protection of Privacy Act**  
 The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 STN PROV GOVT, Victoria BC V8W 9V1.  
**Please refer all other questions to the contact named in Part 1.**

## Part 1 To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY and ISSUED TO ( <i>Name of office</i> ) <b>HER MAJESTY THE QUEEN IN RIGHT OF THE PROVINCE OF BRITISH COLUMBIA, as represented by the Minister responsible for the Land Act.</b>		AGREEMENT IDENTIFICATION NO. <b>All Land Act tenures</b>
<b>PROVINCE'S CONTACT PERSON</b> NAME & TITLE <b>Victoria Cooper, Legal Documents Officer, Land Tenures Branch, Ministry of FLNRO</b>		PHONE NO. (250) 356-0384 FAX NO. <b>Victoria.Cooper@gov.bc.ca</b>
MAILING ADDRESS <b>PO Box 9352 STN PROV GOVT, Victoria BC</b>		POSTAL CODE <b>V8W 9N1</b>
CONTRACTOR NAME <b>Canadian Broadcasting Corporation</b>		
CONTRACTOR ADDRESS		POSTAL CODE

## Part 2 To be completed by the Insurance Agent or Broker

INSURED	NAME <b>Canadian Broadcasting Corporation / Société Radio-Canada</b>		POSTAL CODE <b>K1P 1K9</b>
	ADDRESS <b>181 Queen Street, Ottawa, ON</b>		
OPERATIONS INSURED	PROVIDE DETAILS <b>Communication Sites - CBC Radio Broadcasts, Province of British Columbia                  (See Certificate for Full List of Sites)</b>		
TYPE OF INSURANCE <i>List each separately</i>	COMPANY NAME, POLICY NO. & BRIEF DESCRIPTION	EXPIRY DATE YYYY/MM/DD	LIMIT OF LIABILITY/AMOUNT
Commercial general Liability	XL Insurance Company SE / CA00002815L15A	2016/10/01	\$1,000,000
Umbrella Liability	XL Insurance Company SE / CA00002816L15A	2016/10/01	\$1,000,000

**This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:**

AGENT OR BROKER COMMENTS:

AGENT OR BROKERAGE FIRM <b>Aon Reed Stenhouse Inc.</b>	ADDRESS <b>20 Bay Street, Toronto, ON M5J 2N9</b>	PHONE NO. <b>416-868-5500</b>
NAME OF AUTHORIZED AGENT OR BROKER (PRINT)	SIGNATURE OF AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S) <div style="text-align: center;"> <b>XL INSURANCE COMPANY SE</b>                        Authorized Signature                 </div>	DATE SIGNED