



Policy schedule

Residential buildings (multi-dwelling)

Date of issue: ____ / ____ / ____

Customer number: _____ Policy number: _____ Risk number: _____

The Insured: _____

Details of all unit proprietors and mortgagees on the next page.

Period of insurance: From _____ to: _____ at 4pm

Situation: _____

Insured Property	Cover	Reinstatement Value (RV) \$	Indemnity Value (IV) \$
Buildings	<input type="checkbox"/> RV <input type="checkbox"/> IV		
Other Property	<input type="checkbox"/> RV <input type="checkbox"/> IV		
Total		\$	\$

Premium: \$ _____

Endorsements: _____

The highest excess as follows applies:	Total cost
In respect of loss to owner occupied units other than as stated below	\$250
In respect of loss to tenanted units, other than as stated below	\$400
In respect of loss to unoccupied units, other than as stated below	\$1,000
In respect of loss indemnified under the Stolen Keys Extension	\$250
In respect of loss indemnified under the Methamphetamine Contamination Extension	\$2,500
In respect of loss by Natural Disaster	Refer to policy wording