

No.: 2016-5-BOP

Dated: April 30, 2016

This document supersedes any certificate previously issued under this number

This is to certify that the Policy(ies) of insurance listed below ("Policy" or "Policies") have been issued to the Named Insured identified below for the policy period(s) indicated. This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder named below other than those provided by the Policy(ies).

Notwithstanding any requirement, term, or condition of any contract or any other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the Policy(ies) is subject to all the terms, conditions, and exclusions of such Policy(ies). This certificate does not amend, extend, or alter the coverage afforded by the Policy(ies). Limits shown are intended to address contractual obligations of the Named Insured.

Limits may have been reduced since Policy effective date(s) as a result of a claim or claims.

**Certificate Holder:**

Metropolitan Toronto Condominium Corporation No 690  
211 Queen's Quay West  
Toronto, ON M5J 1A7

Attn.: Property Manager

**Named Insured and Address:**

Brookfield Canada Office Properties and all Associated, Affiliated or Subsidiary Companies Including Brookfield Office Properties Canada LP and Queen's Quay (BOPC) Inc.  
Brookfield Place  
181 Bay Street, Suite 330  
P.O. Box 770  
Toronto, ON M5J 2T3

**This certificate is issued regarding:**

Queen's Quay Terminal, 207 & 211 Queen's Quay, Toronto

Type(s) of Insurance	Insurer(s)	Policy Number(s)	Effective/Expiry Dates	Sums Insured Or Limits of Liability	
COMMERCIAL GENERAL LIABILITY • Commercial General Liability includes: Broad Form Property Damage, Products and Completed Operations, Contractual Liability, Cross Liability & Non Owned Automobile	Zurich Insurance Company Ltd	8844897	May 01, 2016 to May 01, 2017	Bodily Injury and Property Damage Liability	USD 3,000,000 Per Occurrence
				Products and Completed Operations Hazard Aggregate Limit	USD 3,000,000
				General Aggregate	USD 5,000,000 (other than Products and Completed Operations Hazard)

**Additional Information:**

Metropolitan Toronto Condominium Corporation No 690 are added as Additional Insureds on the Commercial General Liability policy, but only with respect to liability arising out of the operations of the Named Insured, regarding the above location.

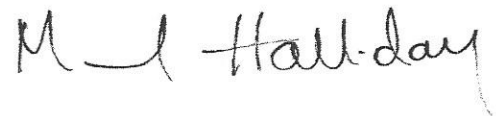
**Notice of cancellation:**

Should any of the policies described herein be cancelled before the expiration date thereof, the insurer(s) affording coverage will endeavour to mail 90 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the insurer(s) affording coverage, their agents or representatives, or the issuer of this certificate.

**Marsh Canada Limited**

120 Bremner Boulevard  
Suite 800  
Toronto, ON M5J 0A8  
Telephone: 416-868-7582  
Fax: 416-815-3556  
mark.d.halliday@marsh.com

Marsh Canada Limited



By: \_\_\_\_\_

Mark Halliday

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

PRODUCER NAME, CONTACT PERSON AND ADDRESS  WILLIS CANADA INC., A WILLIS TOWERS WATSON COMPANY 100 KING STREET W, SUITE 4700 TORONTO, ON M5X 1E4	PHONE (A/C, No. Ext): FAX (A/C, No.): EMAIL ADDRESS:	COMPANY NAME AND ADDRESS  <b>SEE ATTACHED SCHEDULE</b>	NAIC NO:
CERT NO.: P-BOPC-10			
CODE:	SUB CODE:		
AGENCY CUSTOMER ID #:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH	

NAMED INSURED AND ADDRESS: Brookfield Canada Office Properties, Brookfield Office Properties Inc. and All Associated, Affiliated or Subsidiary Companies including Brookfield Office Properties Canada LP and Queen's Quay (BOPC) Inc. Brookfield Place, Suite 330, 181 Bay Street, P.O. Box 770, Toronto, ON M5J 2T3	LOAN NUMBER	POLICY NUMBER WC 4332
	EFFECTIVE DATE 31-Oct-16	EXPIRATION DATE 31-Oct-17
	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
ADDITIONAL NAMED INSURED(S): It is hereby understood and agreed that Metropolitan Toronto Condominium Corporation No. 690 is added as Additional Named Insured as their interest may appear with respect to Real Property.	THIS REPLACES PRIOR EVIDENCE DATED:	

**PROPERTY INFORMATION (Use additional sheets if more space is required)**

LOCATION/DESCRIPTION:  
Queen's Quay Terminal, 207 Queen's Quay West, Toronto, ON

COVERAGE INFORMATION CAUSE OF LOSS FORM  BASIC  BROAD  SPECIAL  OTHER - ALL RISK PROPERTY

COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE \$			
	YES	NO	
BUSINESS INCOME/RENTAL VALUE	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: Actual Loss Sustained # of months:
BLANKET COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	If YES, indicate amount of insurance on properties identified above: \$
TERRORISM COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>	Attach signed Disclosure Notice / DEC
IS COVERAGE PROVIDED FOR "CERTIFIED ACTS" ONLY?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, SUB LIMIT: DED:
IS COVERAGE A STAND POLICY?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
DOES COVERAGE INCLUDE DOMESTIC TERRORISM?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, SUB LIMIT: DED:
COVERAGE FOR MOLD	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
MOLD EXCLUSION (if "YES", specify organization's form used)	<input type="checkbox"/>	<input type="checkbox"/>	
REPLACEMENT COST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
AGREED AMOUNT	<input type="checkbox"/>	<input type="checkbox"/>	
COINSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	If YES, %
EQUIPMENT BREAKDOWN (if Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
LAW AND ORDINANCE - Coverage for loss to undamaged portion of building	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
- Demolition Costs	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
- Incr. Cost of Construction	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
EARTHQUAKE (if Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: INCLUDED DED:
FLOOD (if Applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: INCLUDED DED:
WIND/HAIL (if Separate Policy)	<input type="checkbox"/>	<input type="checkbox"/>	If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION PRIOR TO LOSS	<input type="checkbox"/>	<input type="checkbox"/>	

**REMARKS - Including Special Conditions (Use additional sheets if more space is required)**

All Risks of Physical Loss or Damage covering Real and Personal Property Including Boiler & Machinery on a Replacement Cost Basis. Business Interruption Included. Stated Amount, including foundations, permission for vacancy, By-Laws.  
Limit:  
Commercial Premises: \$162,852,419  
Condominium \$ 41,343,049  
Total: \$204,195,468

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**ADDITIONAL INTEREST**

NAME AND ADDRESS Metropolitan Toronto Condominium Corporation No. 690 211 Queen's Quay West Toronto, Ontario M5J 1A7 Attn: Property Manager	LENDER SERVICING AGENT NAME AND ADDRESS
<input type="checkbox"/> MORTGAGEE	AUTHORIZED REPRESENTATIVE
<input type="checkbox"/> LOSS PAYEE	