



## Small Business Insurance

This policy contains a clause which may limit the amount payable.

### COMMERCIAL POLICY DECLARATION

This Declaration Page(s) is evidence of a contract of insurance between The Insured (you) and The Insurer (us) as identified for those coverages for which forms are specified and for which a specified limit of insurance or premium is indicated hereunder.

The Statutory Conditions and Common Policy Conditions apply to all coverages.

**THIS POLICY CONTAINS A CLAUSE(S) WHICH MAY LIMIT THE AMOUNT PAYABLE.**  
NON-DISCLOSED OR INCORRECT INFORMATION COULD VOID POLICY COVERAGE. REPORT CHANGES TO YOUR AGENT IMMEDIATELY.

AGENCY	INSURER
B.C.A.A. Holdings Ltd. 4567 Canada Way Burnaby, British Columbia Canada V5G4T1 1.888.268.2222	BCAA Insurance Corporation 4567 Canada Way Burnaby, British Columbia Canada V5G4T1
	HDI GLOBAL SPECIALTY SE 220 Bay Street, Suite 400 Toronto, Ontario Canada M5J 2W4
	HSB 390 Bay Street, Suite 2000 Toronto, Ontario M5H 2Y2

NAMED INSURED AND MAILING ADDRESS	EFFECTIVE FROM	EFFECTIVE TO
Charles Williams o/a Capital Cleaning Victoria 4077 Ebony Terr Victoria, BC V8N 3Z2	08-Sep-2022 12:01 am	08-Sep-2023 12:01 am
	POLICY NUMBER	C1000017016
	PRODUCT	Commercial
	PURPOSE OF THIS DECLARATION	Submission

DESCRIPTION OF OPERATIONS	EXPOSURE BASIS	AMOUNT	US REVENUE
Building Cleaning - Exterior (No Window Cleaning)	Revenue	12,000	0.00 cad

#### V. LEGAL EXPENSE

Description	Form	Co-INS	Basis of Settlement	Limit(\$)	Deductible(\$)	Term Premium(\$)
Legal Expense - Including Employee Disputes			\$500,000	\$100,000	N/A	\$53.00 cad
Employment Dispute				\$100,000	N/A	
Legal Defence				\$100,000	N/A	
Small Claims Court				\$100,000	N/A	
Disputes & Debt Recovery						
Statutory Licence				\$100,000	N/A	
Proctection						
Property Protection				\$100,000	N/A	
Bodily Injury				\$100,000	N/A	
Tax Protection				\$100,000	N/A	
Telephone Legal Helpline 1-888-668-6072				Unlimited	N/A	
Aggregate Limits of Insurance				\$500,000	N/A	

#### VI. CYBER RISK

Description	Form	Co-INS	Basis of Settlement	Limit(\$)	Deductible(\$)	Term Premium(\$)
Cyber Risk - Data Compromise Response Expenses				\$25,000	\$1,000	\$45.00 cad
Annual Aggregate Limit				\$25,000	N/A	
Sublimits				\$25,000	N/A	
Forensic IT Review				\$25,000	N/A	

Public Relations	\$5,000	N/A
Regulatory Fines and Penalties	\$25,000	N/A
PCI Fines and Penalties	\$25,000	N/A
Malware-Related Compromise	\$25,000	N/A

**VII. LIABILITY**

Description	Form	Co-INS	Basis of Settlement	Limit(\$)	Deductible(\$)	Term Premium(\$)
Commercial General Liability						
A - Bodily Injury & Property Damage				\$2,000,000	\$2,500	\$950.00 cad
B - Personal & Advertising Injury				\$2,000,000		
C - Medical Payments				\$25,000		
D - Tenants Legal Liability				\$250,000	\$1,000	
General Aggregate				\$2,000,000		
Products/Completed Ops				\$2,000,000		
Aggregate						
E&O: Employee Benefits Liability				\$1,000,000	\$1,000	
Bodily Injury/Property Damage Resulting from Snow Removal and Salting Operations					\$5,000	
Underground Cables and Pipes Warranty						
Cyber Loss & Data Exclusion						
Exclusion - Terrorism						

**VIII. NON-OWNED AUTOMOBILE LIABILITY**

Description	Form	Co-INS	Basis of Settlement	Limit(\$)	Deductible(\$)	Term Premium(\$)
S.E.F. No. 94				\$25,000	\$1,000	
S.P.F. No. 6 - Standard Non Owned Automobile				\$2,000,000	\$1,000	\$40.00 cad
S.E.F. No. 99						
S.E.F. No. 96						

**SAVINGS / SURCHARGES**

Discount - Promo Code - Liability						-50.00 cad
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**TOTAL TERM PREMIUM AFTER DISCOUNTS / SURCHARGES**

\$1088.00 cad

**MINIMUM RETAINED PREMIUM**

25%



Meghan Hill, Customer Experience Delivery

**SCHEDULE OF ADDITIONAL NAMED INSUREDS**

**ADDITIONAL INTERESTS / ADDITIONAL INSUREDS**

Name	Address	City	Province	Postal Code
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**ADDITIONAL CONDITIONS**

Common Policy Conditions & Statutory Conditions  
 Standard Mortgage Clause  
 Declaration of Emergency Endorsement – Extension of Termination or Expiry  
 Property, Business Interruption, Crime and Inland Marine – General Provision (Applicable to all forms, floaters, endorsements, within the Property Section of this policy including commercial property forms, business interruption, crime, and commercial inland marine, except as otherwise stated.)

In consideration of the premium stated, the insurer will indemnify the Insured within the terms and conditions of the Policy.

The Policy is issued subject to the declarations, coverage agreements, exclusions, definitions, conditions, and limits as well as the riders or endorsements to the policy which may from time to time be added to form part of the policy.

In accepting the present policy, the Insured and the Beneficiary, if any, recognize that from the effective date of this policy, any previous policy stated in the Declarations is replaced by this policy, including all renewals attaching thereto.

In the event of any inconsistency between a term (including a coverage limit) in your Declaration Page and a term in your Policy wording, the term in your Declaration Page will apply.

**NOTICE OF OBLIGATION TO DISCLOSE AND PERSONAL INFORMATION ACKNOWLEDGMENT**

Acceptance of the application for this insurance was based on the truth and completeness of the information contained in the application. If the Insured or the applicant for the insurance falsely described any property to the prejudice of the Insurer or misrepresented or fraudulently omitted to communicate any material circumstance or fact, this insurance contract may be void. The Insured has a duty to disclose all material facts, even in the absence of questions from the Insurer.

The Insured must promptly give notice in writing to the Insurer or its agent of a change during the term of this contract that is material to the risk that has been undertaken by the Insurer, including any change in the information or facts required to be disclosed in any part of this application. Any failure to promptly provide notice of a such a change may void the contract or the part affected by the change and invalidate any claim.

Agency and Insurer have agreed to provide services to you in relation to this policy and otherwise on the basis that you have agreed to collection, use and disclosure of your personal information, whenever and howsoever collected, including as described in your application for this insurance and BCAA's privacy policy ([bcaa.com/privacy](http://bcaa.com/privacy)), as it exists now and as it may be amended from time to time.



**THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE  
SEE DISCLOSURE NOTICE UNDER FINANCIAL INSTITUTIONS ACT**

**COMMERCIAL POLICY APPLICATION**

<b>AGENCY:</b> BCAA Holdings Ltd. d.b.a. BCAA Insurance Agency	<b>INSURED:</b> <b>Name:</b> Charles Williams o/a Capital Cleaning Victoria <b>Mailing Address:</b> 4077 Ebony Terr Victoria, BC V8N 3Z2	<b>INSURER:</b> BCAA Insurance Corporation (BCAAIC) and any other company noted on the declaration page or any other insurer BCAAIC assigns risk to.
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This Application Page(s) is evidence of a contract of insurance between The Insured (you) and The Insurer (us) as identified for those coverages for which forms are specified and for which a specified limit of insurance or premium is indicated hereunder. The Terrorism Exclusion Endorsement applies to all coverages.

NON-DISCLOSED OR INCORRECT INFORMATION COULD VOID POLICY COVERAGE.REPORT CHANGES TO YOUR BROKER IMMEDIATELY

**Insurance Period**

Time as indicated is standard time at the postal address of the named **From:** 08-Sep-2022 12:01 am **To:** 08-Sep-2023 12:01 am insured as started herein

**Application Questions & Answers**

**Business Industry**

What is the primary industry or profession for your business?	Building Cleaning - Exterior (No Window Cleaning)
Secondary industry or profession?	Window Cleaning - Low Rise (3 Stories or Less)
Secondary industry or profession?	Landscaping (No Products Requiring an Applicator's License)

**Business Details**

What's the name of your business?	Charles Williams o/a Capital Cleaning Victoria
What year did your business begin its operations?	2021
Does your business have any employees?	Yes
Building Cleaning - Exterior (No Window Cleaning) What is your expected total revenue over the next 12 months?	\$ 12,000.00 CAD

Window Cleaning - Low Rise (3 Stories or Less)

What is your expected total revenue over the next 12 months? \$ 12,000.00 CAD

Landscaping (No Products Requiring an Applicator's License)

What is your expected total revenue over the next 12 months? \$ 12,000.00 CAD

Does your business include U.S.-based operations or manual labour work in the United States? No

**Business Location**

What's your primary business address? 4077 Ebony Terr,  
Victoria, BC  
V8N 3Z2

Location 1: 4077 Ebony Terr,  
Victoria, BC  
V8N 3Z2

**Business Operations**

Has your business made any insurance claims in the last five years? If yes, list all claims made. No

Do you require all subcontractors to carry a minimum \$1,000,000 liability insurance? No

Do you always contact BC 1 Call or confirm the location of utilities via GPR prior in order to locate underground utilities prior to digging? Yes

Do you perform any of the following services: plumbing (other than appliance hookup), roofing, airside work, work on bridges, dams, culverts, oil rigs or refineries, or in underground mines? No

Do you subcontract any work? No

Do you own a condo unit that is used for commercial purposes? No

**Insurance Needs**

Does your business have buildings or physical items that you own and want to insure? No

**Location Info****High Value Items Coverage****Get Your Quote**

Effective Date 2022-09-08T00:01:00-07:00

**Contact Info**

Operating As Charles Williams o/a Capital Cleaning  
Victoria  
Primary Named Insured Charles Williams o/a Capital Cleaning  
Victoria  
Corporation Address 4077 Ebony Terr,  
Victoria, BC  
V8N 3Z2

Are there people or additional corporate entities entitled to coverage under this policy? No

Are there other people that should be able to manage the policy? Yes

Authorized Contact Person Charles Williams

Contact Type Owner/Officer

Primary Email capitalcleaningvictoria@gmail.com

Address 4077 Ebony Terr,  
Victoria, BC  
V8N 3Z2

I am an officer/director or otherwise authorized to add individuals (each, an "Authorized Contact") to manage this insurance policy. Yes

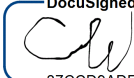
**DISCLOSURE AND PERSONAL INFORMATION CONSENT**

I/We, the Applicant(s), have reviewed all parts of this application for insurance and confirm that all of the information contained is true and correct, even if the information was entered or suggested by the representative of the Insurer or its authorized insurance broker. I/We understand that acceptance of this application for insurance is based on the truth and completeness of this information and acknowledge that this application will be incorporated in its entirety into any relevant policy of insurance whereby the Insurer has relied upon the truth and completeness of the information contained herein. I/We further acknowledge that any misrepresentation or non-disclosure of information that is material to the Insurer in this application may render the insurance contract void in whole or in part, and any fraud or false statement made in relation to a claim may invalidate the claim. I/We understand my/our duty to promptly give notice in writing to the Insurer of any change during the term of the insurance contract that is material to the risk that has been undertaken by the Insurer, including any change in the information or facts required to be disclosed in any part of this application. Any failure to promptly provide notice of such a change may void the contract as to the part affected by the change and invalidate any related claim.

I/We agree that (i) the Insurer (including its affiliates) can collect, use and disclose my/our personal information, which may include, but is not limited to, credit information, policy history, claims history and rating information, whenever collected, for the purposes and in the manner set out in BCAA's privacy policy (bcaa.com/privacy), as it exists now and as it may be amended from time to time, which includes without limitation, for the purposes of underwriting and pricing my/our policy and any renewals; establishing the risk premium; determining eligibility and conditions for a premium payment plan, analyzing statistics, and conducting marketing and underwriting research and modeling. I/We declare that all individuals whose personal information is contained in this form have authorized me to consent to the above on their behalf.

**DISCLOSURE NOTICE UNDER THE FINANCIAL INSTITUTIONS ACT**

I/We further acknowledge that the Disclosure Notice under the Financial Institutions Act was provided to me prior to my entering into this financial transaction. For greater certainty, I/we acknowledge that any BCAA Small Business Insurance advisor I have spoken to about this application is a licensed insurance agent and salaried employee of B.C.A.A. Holdings Ltd. d.b.a. BCAA Insurance Agency (the Agency). BCAA Small Business Insurance is sold through BCAA Insurance Agency, a licensed insurance agency, and underwritten by BCAA Insurance Corporation, Temple Insurance Company and, depending on the coverages selected, The Boiler Inspection and Insurance Company of Canada (collectively, the Insurer). This insurance transaction is between you and the Insurer and Agency receives commissions from the Insurer for sales of BCAA Small Business Insurance.

DocuSigned by:  
  
37CCD9ADE04E426...

Date Signed : September 8, 2022 | 4:38 PM PDT  
Authorized Signatory



## INVOICE

Date: 08/25/2022

### POLICY DETAILS

**Policy Number**

C1000017016

**Policy Term**

08-Sep-2022 to 08-Sep-2023

**Account**

9327490126

**Payment Plan**

Automatic Renewal, Monthly Payment

### PAYMENT SUMMARY

**Term Premium Amount**

\$1,088.00

**Financing Fee**

\$43.52

**Total Amount**

\$1,131.52

### PAYMENT DETAILS

Date	Description	Planned Amount
13-Sep-2022	Future monthly withdrawal	\$94.44
13-Oct-2022	Future monthly withdrawal	\$94.28
13-Nov-2022	Future monthly withdrawal	\$94.28
13-Dec-2022	Future monthly withdrawal	\$94.28
13-Jan-2023	Future monthly withdrawal	\$94.28
13-Feb-2023	Future monthly withdrawal	\$94.28
13-Mar-2023	Future monthly withdrawal	\$94.28
13-Apr-2023	Future monthly withdrawal	\$94.28
13-May-2023	Future monthly withdrawal	\$94.28
13-Jun-2023	Future monthly withdrawal	\$94.28
13-Jul-2023	Future monthly withdrawal	\$94.28
13-Aug-2023	Future monthly withdrawal	\$94.28

Thank you for your monthly payment of \$94.44. Your policy is effective until 08-Sep-2023. You will receive a renewal package and invoice at least 30 days prior to your renewal date and it will automatically renew.

### AUTO RENEWAL

Rest assured, you are enrolled in our convenient monthly payment plan and when it's time to renew, your coverage will continue uninterrupted.

### MAKING CHANGES

To make changes to your policy or payment information please call 1.888.268.2222 or email [smallbusiness@bcaa.com](mailto:smallbusiness@bcaa.com)

Credit Card Masked & Expiry Date : Credit Card (\*\*\*\*\*-6868 - 8/26)

You opted to pay using Credit Card, your first payment will be charged to your Credit Card shortly after purchase and your next payment will be charged based on your selected payment frequency outlined above.