

# Master Insurance Program

# Program Certificate of Liability Insurance

## AMENDMENT

**Contract Number** : **XT09043006**  
**Policy Term** : April 1, 2016 at 12:01 a.m. to March 31, 2021 at 12:01 a.m. All times are local times at the Named Insured's postal address shown on this certificate.  
**Social Service Program** : **FAMILY HEALTH SERVICES**  
**Province Authority** : **MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT**

Aon Reed Stenhouse Inc.  
1803 Douglas Street  
Victoria, BC, V8T5C3  
Tel : 1.855.913.2227 Fax : 1.250.388.5164

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. GLTO AAD NJ5 016, 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** BC Federation of Foster Parent Associations,  
**Mailing Address** 3rd Floor - 131 Eighth St.  
New Westminster, BC V3M3P6

**Insured Operations** All Operations related to the delivery of agreed or approved services by the Named Insured on behalf of the Province Authority for which the Province Authority has agreed to provide insurance.

### Commercial General Liability – Occurrence Form

Coverage	Limits of Insurance
<b>Commercial General Liability</b> including:	\$2,000,000
Bodily Injury Liability	
Personal Injury Liability	
Property Damage Liability	
Loss of Use without Property Damage	
Products and Completed Operations	
Products and Completed Operations, Aggregate	\$2,000,000
Directors' Liability	
Non-Owned Automobile Liability, each accident or Occurrence	
Employees and Volunteers as Additional Insureds	
Contingent Employers Liability	
Cross Liability Clause	
<b>Deductible Clause:</b> \$250.00 Property Damage (If the loss exceeds \$250.00, the deductible is waived.)	

Amendment Effective Date	Amendment Description
March 15, 2018	Contract Value Increase

**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**

**Master Insurance Program**

**Program Certificate of Liability Insurance**

Insurers	Policy Number	Line of Business	Interest
LIBERTY MUTUAL INSURANCE COMPANY	GLTO AAD NJ5 016	Commercial General Liability	100%

This certificate is made and accepted subject to the foregoing stipulations and conditions of the Master Policy No. GLTO AAD NJ5 016, 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.

Signed on behalf of the insurers

By



Dated at Victoria, British Columbia on Thursday March 15, 2018

Authorized Representative

**IMPORTANT: PLEASE EXAMINE THIS DOCUMENT AND NOTIFY US IMMEDIATELY IF ANY CHANGE IS REQUIRED.  
RETAIN THIS CERTIFICATE AND AGREEMENT EVEN AFTER YOUR AGREEMENT EXPIRES.**

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