



June 5, 2014

Dear

Re: **Stewardship Partners Insurance Program**

General Liability Insurance
Master Policy No:

Effective: March 30, 2014 to March 30, 2024

Accidental Death and Dismemberment Insurance
Policy as on file with the Province of British Columbia

This letter provides confirmation of your enrolment in the Stewardship Partners Insurance Program. This program has been arranged and paid for by the Province of British Columbia.

The Stewardship Partners Insurance Program has been designed to cover only the services you perform on behalf of the Province under a Partnership Agreement. The specific Partnership Agreement enrolled in the program is identified on your Certificate of Insurance by its unique contract number. If you have more than one Partnership Agreement with the Province, each agreement will be separately enrolled by the applicable ministry.

The program includes two components: **General Liability** insurance and **Accidental Death and Dismemberment** insurance.

1. The General Liability insurance is for third party claims or suits made against you or your company, your employees and volunteers for alleged damages to a third party in the carrying out of the services set out in your Partnership Agreement.

Specifics of the liability insurance are highlighted on the attached Certificate of Insurance and further defined within the attached policy wording (Insuring Agreement), issued on behalf of the Liberty Mutual Insurance Company. We recommend that you read both documents.



2. The Accidental Death and Dismemberment insurance is compensation for injury suffered by your registered volunteers under the age of 85 while they are performing services on your behalf under a Partnership Agreement.

Specifics of the Accidental Death and Dismemberment insurance are highlighted on the attached summary and further defined within the policy wordings on file with the Province of British Columbia. A copy of these policy wordings are available on request. This is an annual policy coverage that would be renewed by the Province of British Columbia each year, as required by the Partnership Agreement.

Further clarification can be obtained on the Master Insurance Program / Stewardship Partners Insurance Program website located at www.mip.aon.ca. Look under "Help" for "FAQ for Service Providers (SPIP)" and review the Frequently Asked Questions and Answers for Service Providers (SPIP) page. If the information on our website does not address your questions, please contact us at:

John Giesbrecht or Brenda Petersen
Toll Free Telephone: 1-877-388-7577
Email: MIP@aon.ca

CLAIMS OR POTENTIAL CLAIMS must be reported to our office as soon as possible.

It is important to note that the coverage provided under the Stewardship Partners Insurance Program only extends to those services you perform on behalf of the Province as set out in your Partnership Agreement. No coverage is provided for activities outside of that relationship.

The Stewardship Partners Insurance Program is limited to liability insurance and coverage for injured registered volunteers and does not cover all of your insurance needs. We recommend that you review this letter and attachments with your regular insurance agent or broker to discuss your other insurance needs.

Yours truly,
Aon Reed Stenhouse Inc.

The SPIP Service Team
Toll Free: 1.877.388.7577
Fax: 250.388.5164
Email: MIP@aon.ca

Attachments

- Accidental Death & Dismemberment Insurance Summary
- Stewardship Partner Insurance Program Certificate
- Stewardship Partner Insurance Program Insuring Agreement

**Master Insurance Program for
Stewardship Partners**

Program Certificate of Insurance

Contract Number : _____
Contract Term : March 30, 2014 at 12:01 a.m. to March 30, 2024 at 12:01 a.m. All times are local times at the Named Insured's postal address shown on this certificate.
Program : _____
Government Authority : **PARTNERSHIP AGREEMENT**

Aon Reed Stenhouse Inc.
1803 Douglas Street
Victoria, BC, V8T5C3
Tel : 250.388.7577 Fax : 250.388.5164

This Certificate is evidence that insurance has been arranged on behalf of the Insured named herein based on the application on file with the Insurer under the Master Policy No. GLTOAADNJ5013, 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 : _____
Mailing Address : _____

Insured Operations : Activities approved by the Province for which the Province has agreed to provide insurance under a duly executed written agreement between the Named Insured and the Province which are performed by the Insured.

**Summary of Coverages and Limits of Insurance:
General Liability – Occurrence Form**

| Coverage | Limits of Insurance |
|--|---------------------|
| General Liability Including: | \$2,000,000 |
| Products and Completed Operations | |
| Products and Completed Operations, Aggregate | 2,000,000 |
| Bodily Injury and Property Damage Liability | |
| Blanket Contractual | |
| Non-Owned Automobile Liability, Each accident or Occurrence | |
| Employees and Volunteers as Additional Insureds | |
| Use of Attached Machinery | |
| Cross Liability Clause | |
| Loss of use without Property Damage | |
| Unlicensed and Specially Licensed Autos (whilst being operated off highways) | |
| Deductible Clause: \$250.00 Property Damage (If the loss exceeds \$250.00, the deductible is waived.) | |

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 for
Stewardship Partners**

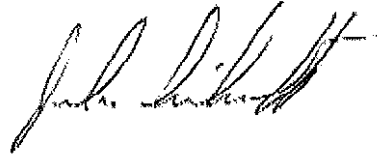
Program Certificate of Insurance

| Insurers | Policy Number | Line of Business | Interest |
|----------------------------------|---------------|-------------------|----------|
| LIBERTY MUTUAL INSURANCE COMPANY | GLTOAADNJ5013 | General Liability | 100% |

This certificate is made and accepted subject to the foregoing stipulations and conditions of the Master Policy No. GLTOAADNJ5013, 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 here on 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 at Victoria, British Columbia on Thursday June 5, 2014

Authorized Representative

IMPORTANT: PLEASE EXAMINE THIS DOCUMENT AND NOTIFY US IMMEDIATELY IF ANY CHANGE IS REQUIRED.

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

STEWARDSHIP PARTNERS INSURANCE PROGRAM

Accidental Death & Dismemberment Insurance Summary

Policyholder: Her Majesty the Queen in Right of the Province of British Columbia

Insured Persons: Authorized volunteers while performing approved activities on behalf of Agreement Holders who have a Partnership Agreement with the Province of British Columbia

Class I Insured Persons: All authorized gainfully employed Insured Persons.

Class II Insured Persons: All authorized Insured Persons who are not gainfully employed.

Termination of Coverage: Date of 85th birthday except Weekly Indemnity coverage which stops at age 65.

Coverage Limits:

| | | |
|----------|-------------|--|
| Class I | \$40,000.00 | Principal Sum |
| | \$300.00 | Weekly Accident Indemnity Total Disability |
| | \$150.00 | Weekly Accident Indemnity Partial Disability |
| | \$2,500.00 | Accident Reimbursement Benefit |
| Class II | \$40,000.00 | Principal Sum |
| | \$100.00 | Homemakers Weekly Indemnity Total Disability |
| | \$50.00 | Homemakers Weekly Indemnity Partial Disability |
| | \$2,500.00 | Accident Reimbursement Benefit |

Policy: As per policy on file with Risk Management Branch of Provincial Government