Cost Analysis

| | Expiring Program | | Renewal Program | |
|-------------------------------------|-------------------------|---------|-----------------|---------|
| | | Term | | Term |
| Casualty | | | | |
| General Liability | \$ | 435,219 | \$ | 465,684 |
| Errors and Omissions Liability | | 32,993 | | 35,303 |
| Non-Owned Automobile Liability | | 206 | | 206 |
| Environmental Liability | | 35,877 | | 38,388 |
| Crime | | 1,590 | | 1,590 |
| Board Members Accident | | 1,382 | | 1,382 |
| Volunteers' Accident | | 206 | | 206 |
| Conflict of Interest | | 433 | | 433 |
| Legal Expense | | 927 | | 927 |
| Facility User Solution | | 2,000 | | 2,000 |
| Property | | | | |
| Property | | 120,180 | | 140,940 |
| Equipment Breakdown | | 4,540 | | 4,778 |
| Automobile | | | | |
| Owned Automobile | | 118,272 | | 136,012 |
| Excess | | | | |
| Follow Form- 1st layer | | 8,925 | | 9,639 |
| Follow Form – 2 nd layer | | 7,027 | | 7,589 |
| Total Annual Premium | \$ | 769,777 | \$ | 845,077 |
| (Excluding Taxes Payable) | | | | |

Congratulations! You've taken steps to reduce your total cost of risk.

Here's a look at the complimentary risk management services you've utilized over the past 3 years. We estimate the number of hours you've outsourced to IPE is 114.

Advisory Services and

Consultations*

Educational Seminar Invitations

25 Gomprehensive Inspections

Proactive risk management is so important, and you've taken steps to ensure your municipality is safer and stronger.

^{*}Includes IPE exclusive Risk Management Consulting Services such as contract reviews, customized risk management analysis, road and fleet reviews.

(Coverage is provided for those item(s) indicated below)

Casualty

| Coverage Description | (\$) *Deductibles | s (\$) Limit of Insurance |
|--|------------------------|--|
| General Liability (Occurrence Form) Broad Definition of Insured | 50,000 | 15,000,000 Per Claim No Aggregate |
| Voluntary Medical Payments | | 50,000 Per Person 50,000 Per Accident |
| Voluntary Property Damage | | 50,000 Per Occurrence 50,000 Annual Aggregate |
| Voluntary Compensation - Employees | | 50,000 Each Person 250,000 Annual Aggregate |
| Sewer Backup | 50,000 Per Claimant | Included |
| Wrongful Dismissal (Legal Expense – Claims Made) | 5,000 | 500,000 Per Claim 500,000 Aggregate |
| Forest Fire Expense | | 2,000,000 2,000,000 Aggregate |
| Abuse Liability – Claims Made Form | 50,000 | 2,000,000 Per Claim 2,000,000 Aggregate |
| Abuse Liability Retroactive date: (dd/mm/yyyy) 31/12/22 | | |
| Errors & Omissions Liability (Claims Made Form) | 50,000 | 15,000,000 Per Claim No Aggregate |
| Non-Owned Automobile Liability | | 15,000,000 |
| Legal Liability for Damage to Hired Automobiles | 500 | 250,000 |
| Environmental Liability (Claims Made Form) | 25,000 | 5,000,000 Per Claim 5,000,000 Aggregate |

^{*}Your deductible may be a Deductible and Reimbursement Clause (including expenses) refer to Policy Wordings

(Coverage is provided for those item(s) indicated below)

Follow Form – Excess Liability Coverage Description

(\$) Limit of Insurance

| Coverage Description | | . , | |
|------------------------------|-----------------------|------------|--|
| Excess Limit | | 10,000,000 | |
| Underlying Policy | (\$) Underlying Limit | | |
| General Liability | 15,000,000 | | |
| Abuse Exclusion Applie | S | | |
| Errors & Omissions Liability | 15,000,000 | | |
| Non-Owned Automobile | 15,000,000 | | |
| Owned Automobile | 15,000,000 | | |

Total Limit of Liability (\$) 25,000,000

Follow Form - Excess Liability*

Coverage Description (\$) Limit of Insurance

| Excess Limit | | 25,000,000 Occurrence |
|------------------------------|-----------------------|-----------------------|
| Underlying Policy | (\$) Underlying Limit | |
| General Liability | 25,000,000 | |
| Abuse Exclusion Applie | es | |
| Errors & Omissions Liability | 25,000,000 | |
| Non-Owned Automobile | 25,000,000 | |
| Owned Automobile | 25,000,000 | |

^{*}Subject to Minimum Retained

Total Limit of Liability (\$) 50,000,000

(Coverage is provided for those item(s) indicated below)

Crime

| Coverage Description | (\$) Deductibles | (\$) Limit of Insurance |
|---|------------------|-------------------------|
| Employee Dishonesty – Form A (Commercial Blanket Bond) | | 1,000,000 |
| Loss Inside the Premises (Broad Form Money & Securities) | | 200,000 |
| Loss Outside the Premises (Broad Form Money & Securities) | | 200,000 |
| Audit Expense | | 200,000 |
| Money Orders and Counterfeit Paper Currency | | 200,000 |
| Forgery or Alteration (Depositors Forgery) | | 1,000,000 |
| Computer and Transfer Fraud (Including Voice Computer Toll Fraud) | | 200,000 |

Accident

| Coverage Description | (\$) Deductibles | (\$) Limit of Insurance |
|--|------------------|-----------------------------------|
| Board Members: Persons Insured Mayor, Deputy-Mayor and Five (5) Councillors | | |
| Board Members Accidental Death & Dismemberment | | 250,000 |
| Paralysis | | 500,000 |
| Weekly Income – Total Disability | | 500 |
| Weekly Income – Partial Disability | | 300 |
| Accidental Death of a Spouse while Travelling on Business | | Included |
| 24 Hour Coverage Endorsement | | Included |
| Volunteers Accidental Death & Dismemberment | | 50,000 |
| Paralysis | | 100,000 |
| Weekly Income – Total Disability | | 500 |
| Weekly Income – Partial Disability | | 250 |
| Conflict of Interest | | |
| Coverage Description | (\$) Deductibles | (\$) Limit of Insurance |
| Legal Fees Expenses | | 100,000 Per Claim No Aggregate |
| Legal Expense (Claims Made) | | |
| Coverage Description | (\$) Deductibles | (\$) Limit of Insurance |
| Legal Defence Cost | | 100,000 500,000 Aggregate |

(Coverage is provided for those item(s) indicated below)

Property

Coverage is on an All Risk Basis unless otherwise specified. Basis of Settlement is Replacement Cost unless otherwise specified. The Deductible is on a Per Occurrence Basis.

| Coverage Description | (\$) Deductibles | Basis | (\$) Limit of Insurance |
|--|-------------------|----------------|-------------------------|
| Property of Every Description - Blanket | 25,000 | RC | 120,965,800 |
| Scheduled Items Coverage, Deductible and Basis of Settlement as per Schedule | 25,000 | | 3,655,700 |
| Excluded Item or Locations | Refer to Schedule | | Refer to Schedule |
| Property Supplemental Cov (Included in the Total Sum Insured un | | n the wording) | |
| Building By-laws | 25,000 | | 10,000,000 |
| Building Damage by theft | 25,000 | | Included |
| Debris Removal | 25,000 | | Included |
| Electronic Computer Systems | | | |
| Electronic Computer Hardware and Media | 25,000 | | Included |
| Electronic Computer Systems Breakdown | 25,000 | | 500,000 |
| Electronic Computer Systems – Extra Expense | 25,000 | | 25,000 |
| Extra Expense Period of Restoration | 25,000 | | 90 Days |
| Expediting Expense | 25,000 | | Included |
| Fire or Police Department Service | 25,000 | | Included |
| Charges First Party Pollution Clean-up | 25,000 | | 1,500,000 |
| Fungi and Spores | 25,000 | | 10,000 |
| Furs, Jewellery and Ceremonial Regalia | | | |
| Ceremonial Regalia | 25,000 | | Included |
| Furs and Jewellery | 25,000 | | 25,000 |
| Inflation Adjustment | 25,000 | | Included |
| Live Animals Birds or Fish | 25,000 | | 25,000 |
| Newly Acquired Property | 25,000 | | 1,000,000 |
| Professional Fees | 25,000 | | Included |
| Property and Unnamed Locations | 25,000 | | Included |

| Property Temporarily Removed Including while on Exhibition and during Transit | 25,000 | Included |
|---|--------|-----------|
| Recharge of Fire Protection Equipment Expense | 25,000 | Included |
| Sewer Backup and Overflow | 25,000 | Included |
| Municipal & Public Administr (In Addition to the Total Sum Insure | | |
| Accounts Receivable | 25,000 | 500,000 |
| Bridges and Culverts | 25,000 | 50,000 |
| Buildings Owned due to Non Payment of Municipal Taxes | 25,000 | 100,000 |
| Buildings in the Course of Construction Reporting Extension | 25,000 | 1,000,000 |
| By Laws – Governing Acts | 25,000 | 25,000 |
| Consequential Loss Caused by Interruption of Services | | |
| On Premises | 25,000 | Included |
| Off Premises | 25,000 | 1,000,000 |
| Cost to Attract Volunteers Following a Loss | 25,000 | 10,000 |
| Docks, Wharves and Piers | 25,000 | 100,000 |
| Errors and Omissions | 25,000 | Included |
| Exterior Paved Surfaces | 25,000 | 250,000 |
| Extra Expense | 25,000 | 500,000 |
| Fine Arts | | |
| At Insured's Own Premises | 25,000 | 25,000 |
| On Exhibition | 25,000 | 100,000 |
| Fundraising Expenses | 25,000 | 10,000 |
| Green Extension | 25,000 | 50,000 |
| Growing Plants | | |
| Any One Item | 25,000 | 1,000 |
| Per Occurrence | 25,000 | 100,000 |

25,000

25,000

25,000 25,000

25,000

25,000

25,000

25,000

25,000

25,000

Ingress and Egress

Leasehold Interest

Personal Effects

and Vandalism

Vacant Property

Valuable Papers

Signs

Property of Others

Peak Season Increase

Rewards: Arson, Burglary Robbery

Master Key

Included

25,000 25,000

25,000

25,000

25,000

25,000

Included

1,000,000

500,000

| Business Interruption | | |
|------------------------------|-------------------------|----------|
| Rent or Rental Value | 25,000 | 500,000 |
| Gross Revenue | 25,000 | 346,000 |
| Additional Endorsements | | |
| Virus and Bacteria Exclusion | Not Applicable | Included |
| Earthquake Coverage | | |
| Earthquake Coverage | 3% Minimum \$100,000 | Included |

Notes Applicable to Earthquake Coverage

- 1. Earthquake coverage applies to: all property insured unless it is specifically excluded. Specifically excluded property will be shown under **Changes to Your Insurance Program Property** in this Report.
- 2. Deductible is applicable to each premises.

| Earthquake Aggregate – Applicab to All Provinces Flood Coverage | le | "Total Sum Insured" and "all coverages" as declared to the Insurer at the time of the "earthquake". |
|---|-----------|--|
| Flood Coverage | \$ 50,000 | Included |

Notes Applicable to Flood Coverage

- 1. Flood coverage applies to: all property insured unless it is specifically excluded. Specifically excluded property will be shown under **Changes to Your Insurance Program Property** in this Report.
- 2. Deductible is applicable to each premises.

| Flood Aggregate – Applicable to All Provinces | | "Total Sum Insured" and "all coverages" as declared to the Insurer at the time of the "flood". |
|---|--------|--|
| Other Endorsements | | |
| Demolish and Debris | 25,000 | 105,000 |
| Watercraft Floater | 25,000 | 250,400 |

(\$) Total Amount of Insurance 128,217,900

RC = Replacement Cost ACV = Actual Cash Value VAL = Valued

(Coverage is provided for those item(s) indicated below)

Equipment Breakdown (Advantage/BM31)

| Coverage Description | (\$) Deductibles / Waiting Period | (\$) Limit of Insurance |
|---|--------------------------------------|--------------------------------|
| Direct Damage | 25,000 | 50,000,000 Per Accident |
| Extra Expense | 24 Hours | 500,000 |
| Consequential Damage | | 50,000 |
| Expediting Expense | | Included |
| Hazardous Substances | | 500,000 |
| Ammonia Contamination | | 500,000 |
| Water Damage | | 500,000 |
| Professional Fees | | 500,000 |
| Interruption by Civil Authority | | 30 days |
| Errors and Omissions | | 500,000 |
| Loss of Data | | 100,000 |
| Selling Price | | Included |
| By-Law Cover | | Included |
| Off Premises Mobile Object | | 25,000 |
| Brands and Labels | | 250,000 |
| Environmental "Green" Coverage | | 250,000 |
| Service Interruption | | Included Within 2500 metres |
| Contingent Business Interruption | | 25,000 |
| Public Relations Coverage | | 10,000 |
| Business Interruption – Loss of Profits (Gross Revenue) | 24 Hours | 346,000 |
| Gross Rents | 24 Hours | 500,000 |

(Coverage is provided for those item(s) indicated below)

Owned Automobile

| Coverage Description | (\$) Deductibles | (\$) Limit of Insurance |
|----------------------|------------------|--------------------------------------|
| Liability | | |
| Bodily Injury | | 15,000,000 |
| Property Damage | | Included |
| Accident Benefits | | As stated in Section 4 of the Policy |
| Uninsured Automobile | | As stated in Section 5 of the Policy |
| | | |

Direct Compensation – Property Damage

*This policy contains a partial payment of recovery clause for property damage if a deductible is specified for direct compensationproperty damage.

Loss or Damage**

Specified Perils (excluding Collision or Upset)

Comprehensive (excluding Collision or Upset)

Collision or Upset

| Collision of Opact | | |
|--|--------|-----------|
| All Perils | 50,000 | Included |
| Endorsements | | |
| Fire Department Vehicles | | Included |
| Notice of Cancellation | | Included |
| Replacement Cost | | Included |
| #5 - Permission to Rent or Lease Automobiles and Extending Coverage to Specified Lessee(s) | | Included |
| #19 - Limiting the Amount Paid for Loss or Damage Coverage | | 15,000 |
| #19 - Limiting the Amount Paid for Loss or Damage Coverage | | Included |
| #20 - Coverage for Transportation Endorsement | | 1,200/Occ |
| #21B – Blanket Fleet Coverage | | Included |
| #32 – Use of Recreational Vehicle by Unlicenced Operators | | Included |
| #44R – Family Protection Coverage | | 2,000,000 |

^{*} This policy contains a partial payment of loss clause.

A deductible applies for each claim except as stated in your policy.

(Coverage is provided for those item(s) indicated below)

Facility User Solution

| Coverage Description | (\$) Deductibles | (\$) Limit of Insurance |
|---|------------------|-------------------------|
| Commercial General Liability *an abuse exclusion is included within the wording | | 2,000,000 |
| Non Owned Automobile | | 2,000,000 |
| Medical Payment – Per Person | | 10,000 |

Account Premium

| Total Annual Premium Prior Term (Excluding Taxes \$ 769,777 Payable) | Total Annual Premium (Excluding Taxes Payable) \$ 845,077 |
|--|--|
|--|--|

^{*}Please refer to the insurance contract for all limits, terms, conditions and exclusions that apply.

The premium Quoted is subject to a 15% minimum retained (unless otherwise stated).

Changes to Your Insurance Program

For full details with respect to coverage, exclusions, conditions and limitations refer to the policy wordings,

Please be advised of the following changes to your insurance program that now apply:

Liability and Errors and Omissions

• **Important Note:** The communicable disease exclusion has been amended to respond to claims for a communicable disease caused by contaminated drinking water unless a pandemic or epidemic has been declared, determined, or recognized to be caused by a pandemic or epidemic by the World Health Organization, or any agency or authority tasked with overseeing International or global health, or by the Canadian government, including any federal, provincial, or territorial agency authority or official.

Property Policy

• As Per new guidelines, we have amended equipment based on the age of the equipment. Anything 5-15 years old have been amended to Scheduled and anything over 15 year of age have been amended to Schedules/Actual Cash Value.

Please supply updated on status of the following Vacant:

- Vacant Main House, 752 Front Road (Named Perils)
- Vacant Coach House, 752 Front Road (Named Perils)
- Vacant Detached Garage, 752 Front Road (Named Perils)
- Vacant Dwelling and Garage, 1010 Front Road (Demo & Debris)
- Vacant Dwelling, 2920 Bouffard Road (Demo & Debris)
- Vacant Dwelling, 6885 Malden Road (Demo & Debris)

Building Values Increased

Building values have been increased in order to reflect inflationary trends.

Equipment Breakdown

• Your **Equipment Breakdown Advantage Policy** is now provided by Intact Insurance Company as the Insurer. For additional information please refer to the document within this report entitled: Notice to Insureds Changes to your Equipment Breakdown Advantage Policy.