

# TENANT INSURANCE LEASE ADDENDUM – TOWERS REALTY

## GROUP LTD.

*This addendum is to be attached to and made a part of TOWERS REALTY GROUP LTD. Residential Tenancy Agreement*

Today's Date:

Start Date:

Name of Tenant(s):

*If more than one tenant is living in the unit and is a non-family member, please have them fill in their own addendum.  
Roommates are not covered under this policy.*

Suite No:

Building Address:

City:

Province:

Postal Code:

Email:

Phone:

*I/we understand that, in accordance with the lease, personal property and third party liability must be in place.*

### **INSURANCE OPTIONS (under Master Policy 4-449-1-0029)**

Please read carefully and check an option

	<b>Personal Property Limit</b>	<b>Personal Liability Limit</b>	<b>Additional Living Expenses</b> In the event a tenant cannot occupy the unit as a result of an Insured Peril	<b>Deductible Per Claim</b> All selections, except \$1,200 deductible for Earthquake	<b>Premium</b> Per month per insured	<b>Check one</b>
<b>Option 1</b>	\$15,000	\$2,000,000	\$6,000	\$500	<b>\$15.00</b>	<input type="checkbox"/>
<b>Option 2</b>	\$30,000	\$2,000,000	\$8,000	\$500	<b>\$20.00</b>	<input type="checkbox"/>
<b>Option 3</b>	\$60,000	\$2,000,000	\$10,000	\$500	<b>\$25.00</b>	<input type="checkbox"/>
<b>Option 4</b>	I/we understand the options presented. It is understood I/we have chosen to obtain a Tenants Insurance Policy from another provider. I/we will submit a copy of this insurance to <b>TOWERS REALTY GROUP LTD.</b> and in addition recognize that failure to do so is a breach of the tenancy agreement.					<input type="checkbox"/>
	Tenant(s) initial(s) Confirming Coverage Choice					

**TOWERS REALTY GROUP LTD ADMINISTRATION FEE:** Towers Realty Group Ltd will apply a \$4.00 (four dollar) service fee for the administration of the Tenant program. This amount is an addition to the insurance premiums and will be administered by First Service Residential.

# AGREEMENT TO PURCHASE INSURANCE UNDER MASTER POLICY 4-449-1-0029

I/we wish to purchase the checked insurance coverage option. It is understood that the amount for the insurance selected must be paid. I/we hereby authorize **TOWERS REALTY GROUP LTD.** to receive the premium and pay BFL CANADA Insurance Services Inc on my/our behalf.

**COVERAGE EFFECTIVE:** Your coverage under Master Policy **4-449-1-0029** becomes effective on the day of your move in and after the first payment of premium has been received by **TOWERS REALTY GROUP LTD.** I/we acknowledge that the only coverage effective under this agreement shall be in accordance with the insurance option exercised and the premium paid to **TOWERS REALTY GROUP LTD.** while occupying the captioned address.

**ELIGIBILITY:** I/we understand that insurance on personal property at the noted location is available only to the tenant(s) and family member(s) who have also entered into a Lease/Rental Agreement with **TOWERS REALTY GROUP LTD.** and occupy the address on the agreement. I am also aware any roommates are not covered under this policy and will require their own coverage.

**PREMIUM:** It is understood that one months' notice of changes will be provided regarding premiums, fees, and or wordings. Any new rates shall be effective on the first (1<sup>st</sup>) day of the month following the month in which advance notice of such change is provided. It is understood the insurance will continue on a month-to-month basis as long as I/we occupy the listed address and monthly premium is payable at the same time as that of the rent payment.

**INSURANCE INFORMATION:** I/we have received a Coverage Summary (page 3 to 4 of this application). I/we understand this document represents the official insurance document and this document remains in effect until the cancellation of coverage, non-payment of premium or the end of the tenancy agreement. I/we understand that a copy of the complete specimen Master Policy is available for review by simply emailing [bfltenantshelp@bflcanada.ca](mailto:bfltenantshelp@bflcanada.ca).

**Consent & Disclosure:** Where (a) an Applicant for this contract provided false particulars to the prejudice of the Insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes false statement(s) in respect to a claim, the claim will become invalid and the Insured rights to recover are forfeited. The Applicant(s) have reviewed all parts and attachments of this application and acknowledge that all information is true, correct and understand that this application of insurance is based on the truth and completeness of this information. Any and all individual that have provided personal information in this document and otherwise may in the future provide further personal information. Some of this personal information may include, but is not limited to credit information and claims history. I/we authorize the broker or insurance company to collect, use and disclose any of this personal information, subject to the law and to the broker or insurance company's policy regarding personal information, for the purposes of communication, assessing the application for insurance underwriting, evaluating claims, detecting and preventing fraud, and analyzing business results. Any and all individuals whose personal information is contained in this document have authorized that and agree to the above.

I/we hereby apply for insurance in the selected amount indicated on the application. I/we have voluntarily elected to purchase the insurance available through **TOWERS REALTY GROUP LTD.** I/we have read the Coverage Summary on pages 3 to 4 of this agreement and understand that the insurance applied for under the Master Policy underwritten by **XN Financial** does have **SPECIAL LIMITATIONS AND EXCLUSIONS**.

**PRINT NAME:**

**PRINT NAME:**

**SIGNATURE:**

**SIGNATURE:**

**DATE:**

**DATE:**

**TOWERS REALTY GROUP LTD.** and their staff are not an Insurance Agent  
Please do not address questions regarding the insurance to the Manager/Landlord  
**PLEASE CALL 1 833 351 6825 or email [bfltenantshelp@bflcanada.ca](mailto:bfltenantshelp@bflcanada.ca)**  
BFL CANADA Insurance Services Inc – ask for Tenant Program specialist

**Beneficiary Coverage Summary attached to  
Group Policy 4-449-1-0029**

**CERTIFICATE PERIOD:**

This insurance is effective 12:01am Standard time on the first day of insured move in date and after the first payment of premium unless otherwise stated. This insurance expires on the last day of the month that was paid for in full unless otherwise stated or canceled by the Broker or Insurer at which point cancellation date will be stated.

**LIMIT OF LIABILITY:**

The Liability Limit for each coverage section applies for each Beneficiary, for total of the amount shown in the Beneficiary Coverage Summary, as per selected Coverage Option.

**COVERAGE OPTIONS / GROSS PREMIUM:**

	<b>Personal Property Limit</b>	<b>Personal Liability Limit</b>	<b>Deductible Per Claim (All sections)</b>	<b>Additional Living Expenses</b>	<b>Premium per month, per insured</b>
<b>Option 1</b>	CAD 15,000	CAD 2,000,000	CAD 500	CAD 6,000	CAD 15.00
<b>Option 2</b>	CAD 30,000	CAD 2,000,000	CAD 500	CAD 8,000	CAD 20.00
<b>Option 3</b>	CAD 60,000	CAD 2,000,000	CAD 500	CAD 10,000	CAD 25.00

**FORMS APPLICABLE TO COVERAGE AND ATTACHED HEREON:**

CD-BFL-4-04 (07-19), Agency Termination clauses 06/2019, 4033 (11/2013), 4067 (08/2012), CD-EN-MAS-AB (02-19)

**APPLICABLE COURTS:**

Worldwide

**NOTICE OF CLAIMS:**

To report a claim 1-877-807-5662 / [xnclaims@xn.com](mailto:xnclaims@xn.com)

**UNDERWRITERS REPRESENTATIVE:**

XN Financial Services (Canada) Inc.  
600 De Maisonneuve Boul. W Suite 2310  
Montreal (Quebec) Canada H3A 3J2

**SECTION 1**

**PERSONAL PROPERTY COVERAGE:**

Coverage is provided against physical loss if your contents are damaged, destroyed, or lost. The kinds of losses that are covered, and any special limits that apply, are explained in detail in the wordings.

**Coverage Limit** As per selected Coverage Option.

**Applicable Deductibles**            The deductible for each personal property loss is as per selected Coverage Option.  
The deductible for each personal property loss due to an earthquake is CAD 1,200.

**ADDITIONAL LIVING EXPENSES:**

**Coverage Limit**            **As per selected Coverage Option**

**SPECIAL LIMITS OF INSURANCE (Applicable to Section I):**

<b>For All Insured Losses</b>	<b>Limit</b>
1. Money or cash cards	500
2. Business property, but only while on your premises	5,000
3. Securities	5,000
4. Watercraft, their furnishings, equipment, accessories & motors	2,000
5. Utility trailers	1,000
6. Spare automobile parts	1,000
7. Jewelry, watches, gems and furs	6,000
8. Coin or banknote collections	1,000
9. Stamp collections	2,000
10. Each bicycle, its equipment & accessories	2,000
11. Collectible cards including sports cards & comic books	2,000

**SECTION 2**

**PERSONAL LIABILITY COVERAGE:**

Your liability coverage covers damages for which you are legally responsible. We will pay up to the amount shown for each occurrence for bodily injury, property damage, or personal injury.

**Coverage Limit**            \$2,000,000

**Applicable Deductibles**            The deductible for each liability loss is as per selected Coverage Option.

**VOLUNTARY MEDICAL PAYMENTS**

Your voluntary medical payment coverage covers any reasonable expenses arising out of unintentional injury to a third party by you as described in the policy.

The maximum amount we will pay for each person in respect of one accident or occurrence is CAD 1,000

**VOLUNTARY PAYMENT FOR DAMAGE TO PROPERTY**

We will pay for unintentional direct damage you caused to property of others even though you are not legally liable as described in the policy.

Subject to a maximum amount of \$500 per occurrence, we will pay whichever is the lower amount of what it would cost to repair or replace the property with materials of similar quality at the time of loss.

**THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE.**

The beneficiary is requested to read this document, and if incorrect, return it immediately for alteration. In the event of an occurrence likely to result in a claim under this Insurance, immediate notice should be given to the Intermediary designated above.

This document is issued to provide a summary of the coverage only. It does not constitute a legal contract of insurance. The declarations page, wordings and applicable endorsements form the entire contract. This summary of coverage is furnished in accordance with, and in all respects is subject to the terms, conditions, limitations and exclusions of the group policy.