

# LEGAL HELPLINE WITH HR ASSIST

Your Trisura Guarantee Insurance Company policy includes unlimited access to complimentary legal information and to a unique feature called HR Assist.

HR Assist, available in English and French, provides our specialty insurance policyholders with access to certified human resources (HR) specialists who help with effectively managing any HR issues.

If you have any legal or HR questions that require the assistance of a lawyer, here's how the Trisura Legal Helpline can help you:

- Call the helpline at **1-866-945-5207**.
- Have your policy number ready to confirm that you are a Trisura policyholder.
- They are available 8 a.m. to midnight (local time), seven days per week.
- In emergency situations, a lawyer will be made available regardless of the time of day.
- You can speak directly to a legal representative or schedule the most convenient time for a lawyer to call you back.

Our lawyers are knowledgeable, professional and courteous. We encourage you to call whenever you have a legal concern to help minimize the risk of more complicated future problems.

Here are some examples to better illustrate the importance of obtaining legal and HR assistance in your time of need.

## AN ACCIDENTAL INJURY AT THE WORKPLACE

A non-profit charity that helps build and repair residential homes for low-income families had an unfortunate incident. The homeowner accidentally struck the volunteer's ladder with their car, and the volunteer is now severely injured. The charity wants to know if they face potential liability issues and if they can take any legal action against the homeowner, on behalf of the volunteer.

## A VOLUNTEER'S PURPORTED TORMENT

A non-profit humanitarian organization for youth poverty uses volunteers to supplement their regular employee workforce. Staff members have alleged a particular volunteer keeps harassing the children and teens who visit the organization's communal space. The operations manager does not know what steps can be taken to dismiss the volunteer without exposing the organization to possible charges of slander.

## CATERING BUSINESS MISHAP

A local hotel contracts catering for a business conference to a new firm. On the day of the conference, the caterer does not show, and there is no breakfast nor lunch for the conference. The hotel owner has to step in and order food from an expensive restaurant. The caterer refuses to accept responsibility. The hotel owner wants to know what course of action they can take to not only recoup costs, but also repair the hotel's reputation.

## A BARTENDER'S DEMAND

The owner of a bar and lounge was sent a demand letter by the legal counsel of one of her bartenders. The employee claimed constructive dismissal, alleging that the owner refused to schedule shifts for her and did not give appropriate notice of shift changes. The lounge owner had records of assigning shifts accordingly and giving advance notice, but he does not know how to respond to the demand letter.



## **CUSTOMER NOTICE REGARDING ECONOMIC AND TRADE SANCTION LAWS**

As part of Trisura's commitment to comply with all laws and regulations applicable to our business, this notice is intended to inform you of the existing legal requirements with respect to trade sanctions. We feel it is important that you be aware of the potential impact on the coverage provided by your insurance policy, and on the servicing of claims in jurisdictions with high political risk or instability.

Trade sanctions and economic embargoes are legal measures imposed by certain countries to restrict or prohibit trade, travel and economic activity with targeted countries, entities or individuals. Several factors may contribute in determining whether economic sanctions laws apply to an insurance policy or a claim. They include, but are not limited to, the domicile or place of incorporation of the policy holder, insured, parent company, subsidiary, claimant, insurer, and the country where the claim arises.

The consequences of complying with applicable domestic and international sanction laws can vary greatly depending on the circumstances. They may include:

- difficulties with the claim settlement process;
- denial of claims;
- "freezing" of policies, preventing any transaction involving these policies
- voiding or cancellation of policies, with or without refund of premium.

# PRIVACY AND SECURITY BREACH SERVICES

## WHAT DO I DO IF I THINK I'VE HAD A BREACH?

At the first sign of a breach, contact our claims team at **1-866-856-9203** or **claims@trisura.com**

Trisura Guarantee Insurance Company now provides privacy and security breach services that will help you react in the event of a data breach, without the expense of hiring in-house expertise.

## WHAT IS A DATA BREACH?

A data breach is a security incident where an untrusted source gains access to sensitive, protected or confidential information.

## PRIVACY AND SECURITY BREACH CONSULTING SERVICES

In the unfortunate event of a breach, Trisura's group of experts will help you quickly develop a clear breach response strategy and incident management plan. Services include:

- **Breach counselling:** help with determining whether a breach has occurred and assess the severity of the incident
- **Crisis management:** time-saving, professional approach
- **Media relations consulting:** public relations assistance to help restore your business' reputation
- **Legal support:** a clear outline of steps taken and remediation

## ENHANCED INSURANCE COVERAGES FOR A COMPLETE PRIVACY AND SECURITY INSURANCE PACKAGE

Trisura offers additional insurance coverages to mitigate the impacts of a breach on your business. Contact your insurance broker today for more information about these optional enhanced coverages:

- **Regulatory research and compliance expense:** coverage for legal advice and guidance on applicable legislative requirements
- **Forensic investigation expense:** coverage for forensic expertise who help determine how the intruder got into the device/system and what data has been compromised
- **Notification expense reimbursement:** covers the costs for a breach expert to assist in drafting a notification message along with all printing, mailing, postage or address verification costs for sending this notification message
- **Notification recipient services:** covers the cost in providing fraud remediation services to individuals that have been affected by the breach

## ABOUT TRISURA

Trisura Guarantee Insurance Company is a Canadian specialty insurance and surety company with offices across Canada, providing customized solutions and expertise through a select broker network. Trisura Guarantee is uniquely positioned to satisfy Canadian risks in contract, commercial and developer surety, directors' and officers' liability, fidelity, professional liability including media and cyber liability and warranty products.

Refer to your policy for complete details. In case of inconsistency between this document and your policy, the policy terms, conditions and limitations will apply.

trisura.com

TRISURA GUARANTEE INSURANCE COMPANY

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MEDICAL LABORATORY PROFESSIONALS  
PROFESSIONAL LIABILITY INSURANCE PROGRAM

DECLARATIONS

Master Policy No.: NPL1003721

Prior Master Policy No.: NEW

- Item 1. **Name and Address of the Sponsoring Entity:**  
British Columbia Society of Laboratory Science  
1681 Chestnut Street, Suite 400  
Vancouver, BC  
Canada V6J 4M6
- Item 2. **Master Policy Period:** From January 1, 2024 to January 1, 2025  
12:01 a.m. standard time at the address stated in Item 1.
- Item 3. **Name and Address of the Named Insured:**  
As per individual certificate
- Item 4. **Policy Period:** As per individual certificate
- Item 5. **Limit of Liability:** \$2,000,000.00 Per **Claim**  
for Coverages A and B (including **Claim Expenses**)  
\$5,000,000.00 Aggregate Limit of Liability each **Policy Period**  
for Coverages A and B (including **Claim Expenses**)
- Item 6. **Deductible:** \$1,000.00 Per **Claim**
- Item 7. **Insured's Professional Capacity:** Medical Laboratory Assistant
- Item 8. **Minimum Retained Premium:** 100%
- Item 9. **Discovery Period:**  
(A) Additional Premium: 100%  
(B) Additional Period: 1 Year
- Item 10. **Premium:** As per individual certificate
- Item 11. **Endorsements Attached at Issuance:** No.1, No.2, No.3, No.4, No.5, No.6

These Declarations along with the completed and signed **Application** and the Policy, Certificate of Insurance and endorsements, if any, shall constitute the entire contract between the **Insured** and Trisura Guarantee Insurance Company.

In witness whereof, the **Insurer** has caused this Policy to be signed by its authorized officer.

TRISURA GUARANTEE INSURANCE COMPANY

  
Chris Sekine  
President & CEO

THIS IS A **CLAIMS MADE** POLICY WITH **CLAIM EXPENSES** INCLUDED  
IN THE LIMIT OF LIABILITY – PLEASE READ CAREFULLY

EXCEPT AS OTHERWISE PROVIDED HEREIN, THIS POLICY COVERS ONLY **CLAIMS** FIRST MADE AGAINST  
THE **INSURED** DURING THE **POLICY PERIOD**.

**This policy contains a clause that may limit the amount payable**

## MEDICAL LABORATORY PROFESSIONALS PROFESSIONAL LIABILITY INSURANCE PROGRAM

**IN CONSIDERATION OF** the payment of the premium and in reliance upon all statements made and information furnished to Trisura Guarantee Insurance Company (hereinafter called the “**Insurer**”) including the statements made in the Application and subject to all the terms, conditions and limitations of this Policy, the **Insurer** agrees as follows:

### I INSURING AGREEMENTS

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#### COVERAGE A: ERRORS AND OMISSIONS

The **Insurer** shall pay on behalf of the **Insured** those amounts, in excess of the Deductible, the **Insured** is legally obligated to pay as **Damages** resulting from a **Claim** first made against the **Insured** during the **Policy Period** or **Discovery Period**, if exercised, and reported to the **Insurer** pursuant to the terms of this Policy for a **Wrongful Act** in rendering, or failing to render, **Professional Services** for others, but only if such **Wrongful Act** first occurs on or after the **Retroactive Date** and prior to the expiration of the **Policy Period**.

#### COVERAGE B: DEFENCE AND CLAIM EXPENSES

With respect to such coverage as is afforded by Section I – Insuring Agreements – Coverage A of this Policy:

- (i) the **Insurer** shall have the right and the duty to defend, including the right to select legal counsel, any **Claim** made against the **Insured** alleging a **Wrongful Act** even if such **Claim** is groundless, false or fraudulent, and shall pay any **Claim Expenses** for such **Claim**;
- (ii) the **Insurer** shall reimburse the **Insured** for reasonable and necessary expenses to a maximum of \$500.00 per day incurred by the **Insured** at the **Insurer’s** written request to assist the **Insurer** in the investigation or defence of a **Claim**; and
- (ii) the **Insured** agrees not to settle any **Claim**, incur any **Claim Expenses** or otherwise assume any contractual obligation or admit any liability with respect to any **Claim**, without the **Insurer’s** written consent. The **Insurer** shall not be liable for any **Damages, Claim Expenses**, assumed obligation or admission to which it has not consented. The **Insurer** shall have the right to make such investigation and conduct negotiations and, subject to subsection (L) of Section VII, enter into such settlement of any **Claim** as the **Insurer** deems expedient.

### II DEFINITIONS

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Whenever appearing in this Policy, words and phrases appearing in **bold type** shall have the meanings set forth below. These Definitions apply to the singular and the plural of these terms as circumstances and context require.

**Abuse** means, but is not limited to, any act or threat involving:

- (i) molestation, harassment, corporal punishment, assault or battery or any other form of sexual, physical, mental, psychological or emotional abuse; or
- (ii) the negligent employment, investigation, supervision, reporting to the proper authority(ies), or failure to so report, or retention of a person for whom any **Insured** is or ever was legally responsible and whose conduct would be excluded by (i) above.

**Application** means all signed application forms, including attachments and materials requested therein or submitted therewith, for this Policy or for any policy of which this Policy is a direct or indirect renewal or replacement. All such application forms, attachments and materials are deemed attached to and incorporated into this Policy.

**Bodily Injury** means bodily injury, sickness or disease of any person, and, if arising out of the foregoing, disability, emotional distress, mental anguish, mental injury, shock or death at any time.

**Breach of Confidentiality** means any breach of **Patient** confidentiality.

**Claim** means:

- (i) any demand for monetary damages or services;

- (ii) a civil proceeding commenced by the issuance of a notice of action, statement of claim, writ of summons, complaint or similar pleading; or
- (iii) an arbitration proceeding commenced by receipt of a notice to appoint an arbitrator, an arbitration petition or similar document,

against any **Insured** for a **Wrongful Act**, including any appeal therefrom. A **Claim** shall be deemed to have been first made at the earliest date upon which written notice thereof, or a copy of the **Claim**, was personally received by any **Insured** by any means including personal delivery, facsimile transmission or email.

**Claim Expenses** means all reasonable and necessary costs, charges, fees (including but not limited to legal fees and experts' fees) and expenses incurred in the investigation, adjustment, negotiation, arbitration or defence of any covered **Claim**, whether paid by the **Insurer** or by the **Insured** with the **Insurer's** written consent. **Claim Expenses** shall also include the premium for appeal, attachment or similar bonds, but the **Insurer** shall have no obligation to apply for or furnish any such bonds. **Claim Expenses** does not include loss of earnings or salaries or other compensation paid to any **Insured**.

**Damages** means a compensatory judgment, award or settlement (including pre-judgment and post-judgment interest). **Damages** shall not include, and this Policy shall not cover, fines, penalties, punitive or exemplary damages, the multiplied portion of any multiplied damage award, the return of all or part of the fees, deposits, commissions, expenses, costs or payments for **Professional Services** rendered or to be rendered by the **Insured**, or any matter, sum or award that is uninsurable under the law pursuant to which the Policy shall be construed.

**Disability, Disabled or Disablement** means the **Named Insured's** complete and continuous inability to perform **Professional Services** for at least 6 months as a direct result of accidental bodily injury, sickness or disease.

**Discovery Period** means the period described in Section III, Discovery Period.

**Domestic Partner** means any natural person qualifying as a domestic partner under the provisions of any applicable federal, provincial, territorial, state or local law.

**Employee** means any natural person who does not render any **Professional Services** and whose labour or service is engaged by and directed by the **Named Insured**, but only while acting within the scope of their employment duties for the **Named Insured**. **Employee** shall include any part-time or seasonal employee, but does not include an independent contractor.

**First Inception Date** means the inception date of the first Professional Liability Insurance Policy issued by the **Insurer** to the **Named Insured** and which has continued through renewal or reinstatement on an uninterrupted basis since its inception.

**Insured** means:

- (i) the **Named Insured**;
- (ii) any **Employee**;
- (iii) medical laboratory students, but solely while working under the direct supervision of the **Named Insured**, provided always that such student is enrolled in an approved educational program at a Canadian post-secondary educational institution that is recognized by the applicable provincial regulatory college or by the **Sponsoring Entity**;
- (iv) the **Sponsoring Entity** and any member of its governing body, but solely with respect to **Claims** arising out of **Professional Services** rendered by a **Named Insured**.

**Insurer** means Trisura Guarantee Insurance Company.

**Interrelated Wrongful Acts** means all **Wrongful Acts** that have as a common nexus any fact, circumstance, situation, event, transaction, cause or series of related facts, circumstances, situations, events, transactions or causes.

**Medical Laboratory Assistant** means an individual who is a member in good standing with the **Sponsoring Entity**.

**Named Insured** means the individual **Medical Laboratory Assistant** named in Item 3 of the Declarations.

**Patient** means any natural person who is a patient or client of the **Named Insured**.

**Personal Injury** means injury arising out of one or more of the following offences:

- (i) false arrest, detention or imprisonment, or malicious prosecution;
- (ii) the unauthorized collection, use or disclosure of personal or private information;
- (iii) the publication or utterance of libel or slander or other defamatory or disparaging material, or a publication or utterance in violation of an individual's right to privacy;
- (iv) wrongful entry or eviction, or other invasion of the right to private occupancy; or
- (v) harassment, misconduct or discrimination based on, but not limited to, age, race, creed, colour, ancestry, national or ethnic origin, religion, disability, handicap, marital status, citizenship, sex, sexual orientation, pregnancy or criminal conviction.

**Policy Period** means the period of time from the inception date shown in Item 4 of the Declarations to the earlier of the expiration date shown in Item 4 of the Declarations or the effective date of cancellation of this Policy.

**Pollutants** means any substance, located anywhere in the world, exhibiting any hazardous characteristics as defined by, or identified on, a list of hazardous substances issued by or pursuant to the Canadian Environmental Protection Act, 1999, c. 33, the United States of America Environmental Protection Agency or any federal, provincial, territorial, state, county, municipal or local counterpart thereof. Such substances shall include, but are not limited to, solids, liquids, gaseous or thermal irritants, contaminants or smoke, vapour, soot, fumes, acids, alkalis, chemicals or waste materials. **Pollutants** shall also mean any other air emission, odour, wastewater, oil or oil products, infectious or medical waste, asbestos or asbestos products, lead or lead products, silica or silica products, mould of any type, electric or magnetic or electromagnetic field and noise. Waste materials include materials to be recycled, reconditioned or reclaimed.

**Professional Services** means those services coming within the scope of the **Insured's** Professional Capacity specified in Item 7 of the Declarations and encompassing the performance of services customary to the Professional Capacity so defined by the **Sponsoring Entity** and/or the provincial regulatory college with which the **Insured** is registered.

**Property Damage** means:

- (i) physical injury to, or loss or destruction of, tangible property including all resulting loss of use thereof; or
- (ii) loss of use of tangible property which has not been physically injured or destroyed.

**Retiree** means a **Named Insured** who ceases to provide **Professional Services** and who will not perform any **Professional Services** of any kind.

**Retroactive Date** means the first date upon which the **Named Insured** purchased a Professional Liability Insurance policy providing coverage of a similar nature to that afforded by this Policy and which has continued through renewal or replacement on an uninterrupted basis since its inception.

**Sponsoring Entity** means the entity named in Item 1 of the Declarations.

**Terrorism** means an ideologically motivated unlawful act or acts including but not limited to the use of violence or force, or threat of violence or force, committed by or on behalf of any group(s), organization(s) or government(s) for the purpose of influencing any government and/or instilling fear in the public or a section of the public.

**Wrongful Act** means any actual or alleged negligent act, error or omission, misstatement or misleading statement committed in the performance of **Professional Services** for others by the **Insured**.

### III EXTENSIONS

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#### Estates and Legal Representatives

This Policy shall cover **Damages** and **Claim Expenses** arising from any **Claims** made against the estates, heirs, legal representatives or assigns of **Named Insureds** who are deceased or against the legal representatives or assigns of **Named Insureds** who are incompetent, insolvent or bankrupt to the extent that in the absence of such death, incompetency, insolvency or bankruptcy, such **Claims** would have been covered by this Policy.

#### Discovery Period

- (A) If the **Named Insured** terminates, or the **Named Insured** or the **Insurer** refuses to renew, this Policy, the **Insureds** shall have the right, upon payment of the additional premium calculated at that percentage set forth in Item 9(A) of the Declarations of the total annual premium for this Policy, to an extension of the coverage granted by this Policy for the period of time set forth in Item 9(B) of the Declarations following the effective date of such termination or non-renewal, but only for any **Wrongful Act** committed prior to the effective date of such termination or non-renewal. The

rights contained in this paragraph shall terminate unless written notice of such election, together with payment of the additional premium due, is received by the **Insurer** within 60 days following the effective date of termination or non-renewal.

- (B) If a **Named Insured** shall become a **Retiree** during the **Policy Period**, there shall be an automatic extension of the coverage granted by this Policy for a period of two (2) years following the effective date of becoming a **Retiree**, but only for any **Wrongful Act** committed prior to the effective date of becoming a **Retiree**, and only if the **Insurer** is provided with written confirmation from the **Named Insured** specifying the date of becoming a **Retiree** within 60 days following the effective date of becoming a **Retiree**.
- (C) In the event of the death or **Disablement** of a **Named Insured** during the **Policy Period**, there shall be an automatic extension of the coverage granted by this Policy for a period of two (2) years following the effective date of the **Named Insured's** death or **Disability**, but only for any **Wrongful Act** committed prior to the effective date of the **Named Insured's** death or **Disability**, and only if the **Insurer** is provided with written confirmation of the **Named Insured's** death or written proof from an independent medical doctor certifying that the **Named Insured** is **Disabled** within 60 days of such death or **Disablement**.
- (D) If the **Named Insured** ceases rendering **Professional Services** during the **Policy Period** due to the commencement of parental leave, there shall be an automatic extension of the coverage granted by this Policy for a period of 12 months following the effective date of parental leave, but only for any **Wrongful Act** committed prior to the effective date of parental leave, and only if the **Insurer** is provided with written confirmation from the **Named Insured** specifying the date of such parental leave within 60 days following the effective date of such parental leave.

If the **Named Insured**, having exercised the **Discovery Period**, resumes providing **Professional Services**, then this Policy shall not apply to any **Claim** reported during the **Discovery Period**.

The extension and the rights contained herein shall not be available in the event of termination resulting from non-payment of premium. The entire premium for the **Discovery Period** shall be fully earned at the inception of the **Discovery Period**. This extension, once effected, is not cancellable. The **Discovery Period**, if exercised, shall form part of the **Policy Period** and shall not increase the Limit of Liability of the **Insurer** for the **Policy Period**.

#### **Spousal and Domestic Partner Liability**

This Policy shall cover **Damages** and **Claim Expenses** arising from any **Claims** made against the lawful spouse (whether such status is derived by reason of statutory law, common law or otherwise of any applicable jurisdiction in the world) or **Domestic Partner** of a **Named Insured** for all **Claims** arising solely out of his or her status as the spouse or **Domestic Partner** of such **Named Insured**, including a **Claim** that seeks damages recoverable from marital community property, property jointly held by the **Named Insured** and the spouse or **Domestic Partner**, or property transferred from the **Named Insured** to the spouse or **Domestic Partner**: provided, however, that this extension shall not afford coverage for any **Claim** for any actual or alleged **Wrongful Act** of the spouse or **Domestic Partner**, but shall apply only to **Claims** arising out of any actual or alleged **Wrongful Acts** of an **Named Insured** and shall be subject to the Policy's terms, conditions and exclusions.

#### **IV EXCLUSIONS**

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This Policy does not apply to any **Claim**:

- (1) based upon, arising out of, or attributable to any **Wrongful Act** committed prior to the **First Inception Date** if, as of the **First Inception Date**, the **Insured** knew or ought reasonably to have foreseen that such **Wrongful Act** did or could result in a **Claim**;
- (2) based upon, arising out of, or attributable to any fact, circumstance or situation which has been the subject of any notice given under any policy of which this Policy is a direct or indirect renewal or replacement;
- (3) based upon, arising out of, or attributable to any **Wrongful Act** which occurred prior to the **Retroactive Date**;
- (4) based upon, arising out of, or attributable to: (a) any dishonest, fraudulent or criminal act, error or omission by any **Insured**; (b) any wilful violation by any **Insured** of any law, statute, ordinance, rule or regulation; or (c) any **Insured** gaining any profit, remuneration or advantage to which such **Insured** was not legally entitled. However, this exclusion does not apply to:



- (i) **Claim Expenses** incurred in defending **Claims** alleging the foregoing conduct until there is a judgment, final adjudication, adverse admission or finding of fact against the **Insured** as to such conduct at which time the **Insured** shall reimburse the **Insurer** for **Claim Expenses** incurred up to that date; or to
  - (ii) any **Insured** who was neither the author of, nor an accomplice to, the foregoing conduct;
- (5) for **Bodily Injury** or **Property Damage**. However, this exclusion does not apply to **Bodily Injury** in the event it is alleged the **Bodily Injury** was the result of a **Wrongful Act** committed solely by the **Insured** in the performance of **Professional Services**;
- (6) based upon, arising out of, or attributable to **Personal Injury**;
- (7) based upon, arising out of, or attributable to any express or implied warranty, guarantee, penalty clause, cost guarantee or cost estimate provided by the **Insured**, but this exclusion does not apply if the **Insured's** liability would have attached in the absence of such warranties, guarantees and penalty clauses;
- (8) based upon, arising out of, or attributable to estimates of profit, return on capital, economic return or other estimates giving rise to forecasts of economic return;
- (9) based upon, arising out of, or attributable to liability assumed by the **Insured** under any contract or agreement. However, this exclusion does not apply if the **Insured's** liability would have attached even in the absence of such contract or agreement;
- (10) which is brought by or at the behest of any other **Insured** unless such **Claim** arises out of **Professional Services** provided by the **Insured** to an **Employee** of the **Insured** in a professional/client relationship;
- (11) for any actual or alleged violation of the responsibilities, obligations or duties imposed by the Canada Pension Benefits Standards Act, R.S.C. 1985, c. 32 (2<sup>nd</sup> Supp.), the Ontario Pension Benefits Act, R.S.O. 1990, c. P.8, the Employee Retirement Income Security Act of 1974 of the United States of America and amendments thereto (or any regulations promulgated thereunder) or by similar provisions of any federal, provincial, territorial, state or local statutory, civil or common law;
- (12) based upon, arising out of, or attributable to **Abuse**, including the transmission of disease arising out of or as a result of **Abuse**;
- (13) based upon, arising out of, or attributable to war, invasion, acts of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, or insurrection;
- (14) based upon, arising out of, or attributable to **Terrorism** or due to any activity or decision of a government agency or other entity to prevent, respond to or terminate **Terrorism**;
- (15) based upon, arising out of, or attributable to any actual or alleged nuclear reaction, nuclear radiation, radioactive contamination, or radioactive substance, or the hazardous properties of nuclear or radioactive material;
- (16) based upon, arising out of, or attributable to **Breach of Confidentiality**. However, this exclusion does not apply to the **Named Insured's** unintentional **Breach of Confidentiality** in connection with the provision of **Professional Services**; or
- (17) based upon, arising out of, or attributable to:
- (i) the actual, alleged or threatened discharge, release, escape, seepage, migration or disposal of **Pollutants** into, in or on real or personal property, water or the atmosphere; or
  - (ii) any direction or request to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize **Pollutants**.

## V LIMIT OF LIABILITY / DEDUCTIBLE

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- (A) Subject to subsection (D) of Section V, the Per **Claim** Limit of Liability stated in Item 5 of the Declarations is the maximum aggregate liability of the **Insurer** for **Damages** and **Claim Expenses** with respect to each **Claim** first made against the **Insured** during the **Policy Period**.

The Aggregate Limit of Liability stated in Item 5 of the Declarations is the maximum aggregate liability of the **Insurer** for **Damages** and **Claim Expenses** with respect to all **Claims** first made against the **Insured** during the **Policy Period**.

- (B) **Claim Expenses** are part of, and not in addition to, the **Insurer's** Limit of Liability, and the payment of **Claim Expenses** by the **Insurer** shall reduce, and may exhaust, such Limit of Liability.
- (C) All obligations of the **Insurer** arising from this Policy shall terminate if the applicable Limit of Liability set out in the Declarations has been exhausted by payment of **Damages** and/or **Claim Expenses** in the defence, settlement or satisfaction of any **Claim**, or aggregation of **Claims**, for which notice has been given during the **Policy Period**.
- (D) All **Claims** arising out of the same **Wrongful Act** or **Interrelated Wrongful Acts** shall be deemed one **Claim**, and such **Claim** shall be deemed to have been first made on the date the earliest of such **Claims** was first made against the **Insured**, regardless of whether such date was before or during the **Policy Period**.
- (E) The **Insurer** shall only be liable for the amount of **Damages**, including **Claim Expenses**, arising from a **Claim** which is in excess of the Deductible amount stated in Item 6 of the Declarations; provided, however, no Deductible shall apply to **Claim Expenses**. Such Deductible shall be borne by the **Insured** uninsured and at its own risk. A single Deductible amount shall apply to **Damages** and **Claim Expenses** arising from all **Claims** alleging the same **Wrongful Act** or **Interrelated Wrongful Acts**. The **Insurer** may advance the payment of such Deductible in order to facilitate the settlement or defence of a **Claim**, in which event, the **Insured** shall reimburse the **Insurer** for such amount within 10 days of receipt of the **Insurer's** statement in respect thereof.

## VI NOTICE OF CLAIM

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- (A) The **Insureds** shall, as a condition precedent to their rights under this Policy, give written notice to the **Insurer** of a **Claim** as soon as practicable after the **Named Insured** first becomes aware of such **Claim**, but in no event later than 60 days after expiration of the **Policy Period** or **Discovery Period**, if exercised, in which the **Claim** was first made.
- (B) If during the **Policy Period** or **Discovery Period**, if exercised, the **Insureds** become aware of any facts or circumstances which may reasonably be expected to give rise to a **Claim** and during such period give written notice to the **Insurer** of the facts or circumstances and the reasons for anticipating such a **Claim**, with full particulars as to dates, events, persons and entities involved, then any **Claim** which is subsequently made against the **Insureds** and reported to the **Insurer**, alleging, based upon, arising out of, or attributable to such facts or circumstances, or alleging any **Interrelated Wrongful Acts**, shall, for the purpose of this Policy, be treated as a **Claim** made during the **Policy Period** in which such notice was given.
- (C) Any notice shall be deemed to have been given and received on the day and at the time it is so received by the **Insurer** at the following address:

Specialty Insurance Solutions Claims Department  
Trisura Guarantee Insurance Company  
333 Bay Street, Suite 1610, Box 22  
Toronto, Ontario M5H 2R2

Fax: (416) 214-9597

Email: [claims@trisura.com](mailto:claims@trisura.com)

## VII GENERAL CONDITIONS

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- (A) **Policy Territory**: This Policy applies to **Wrongful Acts** committed by the **Insured** anywhere in the world, provided that suit is first brought against the **Insured** in Canada, its territories or possessions.
- (B) **Representations**: In granting coverage under this Policy, it is agreed that the **Insurer** has relied upon the statements and representations contained in the **Application** for this Policy, a copy of which is deemed attached hereto, as being true, accurate and complete. All such statements and representations are the basis of this Policy and are to be considered as incorporated into this Policy.
- (C) **Cooperation and Subrogation**: In the event of a **Claim**, the **Insureds** agree to provide the **Insurer** with all information, assistance and cooperation that the **Insurer** reasonably requests, and will do nothing that may prejudice the **Insurer's** position or potential or actual rights of recovery. In the event of any payment under this Policy, the **Insurer** shall be subrogated to all of the **Insureds'** rights of recovery against any person or organization to the extent of such payment and the **Insureds** shall execute all papers required and do everything that may be necessary to secure such rights,

including the execution of such documents necessary to enable the **Insurer** effectively to bring suit in its or their name(s).

Any recovery (after payment of expenses incurred to obtain such recovery), whether effected by the **Insurer** or by the **Insured**, shall be applied first to the satisfaction of the **Insured's** loss which would otherwise have been paid but for the fact that it is in excess of the Limit of Liability stated in Item 5 of the Declarations, secondly, to the **Insurer** to reduce the **Loss** ultimately borne by the **Insurer** to what it would have been had the recovery preceded any payment of such **Loss** by the **Insurer**, and thirdly, to the **Insured** in satisfaction of the applicable Deductible stated in Item 6 of the Declarations.

The obligations of the **Insureds** under this subsection will survive the termination or expiry of this Policy.

- (D) **Audit:** The **Insurer** may examine and audit the **Named Insured's** books and records at any time during the **Policy Period** and within three years after the final termination of this Policy, as far as they relate to the subject matter of this Policy.
- (E) **Bankruptcy:** The bankruptcy or insolvency of any **Insured** shall not relieve the **Insurer** of its obligations under this Policy.
- (F) **Termination of Policy:** This Policy shall terminate at the earliest of the following times:
- (i) upon receipt by the **Insurer** of a written notice of cancellation from the **Named Insured**;
  - (ii) upon expiration of the **Policy Period** as set forth in Item 4 of the Declarations of this Policy;
  - (iii) 60 days after receipt by the **Named Insured** of the **Insurer's** notice of cancellation;
  - (iv) 15 days after receipt by the **Named Insured** of the **Insurer's** notice of cancellation due to non-payment of premium; or
  - (v) at such other time as may be agreed upon by the **Insurer** and the **Named Insured**.

If the Policy is terminated in accordance with item (i) above, the **Insurer** shall refund to the **Named Insured** the unearned premium computed at the customary short rate. If the Policy is terminated in accordance with items (iii) or (iv) above, the refund shall be computed pro rata.

Payment or tender of any unearned premium by the **Insurer** shall not be a condition precedent to the effectiveness of cancellation, but such payment shall be made as soon as practicable.

- (G) **Action Against Insurer:** No action shall be taken against the **Insurer** unless, as a condition precedent thereto, there shall have been full compliance with all the terms and conditions of this Policy, nor until the amount of the **Insureds'** obligation to pay shall have been finally determined: (a) by judgment against the **Insureds** after actual trial; or (b) by written agreement of the **Insureds**, the claimant and the **Insurer**.

No person or entity shall have any right under this Policy to join the **Insurer** as a party to any action against the **Insured** to determine the liability of the **Insured**, nor shall the **Insurer** be impleaded by the **Insureds** or their legal representatives.

- (H) **Other Insurance:** This Policy shall apply only as excess over, and shall not contribute with, any other valid and collectible insurance available to any **Insured**, including but not limited to any insurance under which there is a duty to defend, unless such other insurance is written specifically excess of this Policy by reference in such other policy to the Policy Number of this Policy. This Policy will not be subject to the terms of any other insurance.
- (I) **Valuation and Currency:** Except as otherwise provided in this Policy, all premiums, limits, Deductibles, **Damages**, **Claim Expenses** and any other amounts referred to in this Policy are expressed and payable in the currency of Canada. If judgment is rendered, settlement is agreed upon, **Claim Expenses** are incurred or another element of **Damages** under this Policy is incurred in a currency other than Canadian dollars, payment under this Policy shall be made in Canadian dollars at the closing rate of exchange set by the Bank of Canada on the date upon which the final judgment is entered, the amount of the settlement is agreed upon, **Claim Expenses** are incurred or the other element of **Damages** is due, respectively.
- (J) **Assignment:** This Policy and any and all rights hereunder are not assignable without the prior written consent of the **Insurer**, which consent shall be in the sole and absolute discretion of the **Insurer**.
- (K) **Changes:** Notice to any agent, broker or representative or knowledge possessed by any agent, broker, representative or any other persons shall not effect a waiver or change in any part of this Policy or estop the **Insurer** from asserting any right under the terms of this Policy, nor shall the terms of this Policy be waived or changed, except by endorsement issued by the **Insurer** to form a part of this Policy.

(L) Consent to Settlement: The **Insurer** shall not settle any **Claim** without the prior written consent of the **Insured**. If however, the **Insured** refuses to consent to a settlement recommended by the **Insurer**, the **Insurer's** duty to defend shall then cease and the **Insured** shall thereafter, at the **Insured's** own expense, negotiate or defend such **Claim** independently of the **Insurer**, and the **Insurer's** liability shall be limited to the amount of **Damages** for which the **Claim** could have been settled, had such settlement been consented to and to the **Claim Expenses** incurred up to the time of the **Insured's** refusal.

(M) Notices: All notices, other than Notice of Claim, shall be given in writing addressed to:

Specialty Insurance Solutions Department  
Trisura Guarantee Insurance Company  
333 Bay Street, Suite 1610, Box 22  
Toronto, Ontario M5H 2R2

Fax: (416) 214-9597

(N) Sanction Laws: This insurance does not apply to the extent that trade or economic sanctions, or other similar laws or regulations, prohibit the coverage provided by this insurance, or prohibit the **Insurer** from providing the coverage.

### **VIII AUTHORIZATION CLAUSE**

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It is agreed that the **Named Insured** shall act on behalf of all **Insureds** with respect to the giving and receiving of any notice provided for in this Policy, the payment of premiums and the receiving of any return premiums that may become due under this Policy, the negotiation, agreement to and acceptance of any endorsement to this Policy and the exercising or declining to exercise any right to a **Discovery Period**.

**IN WITNESS WHEREOF, THE INSURER HAS CAUSED THIS POLICY TO BE EXECUTED ON THE  
DECLARATIONS PAGE**



**CORONER'S INQUEST LEGAL EXPENSE EXTENSION**

Endorsement No.: 1

Effective Date Of Endorsement: January 1, 2024

Policy No.: NPL1003721

Issued To: British Columbia Society of Laboratory Science

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In consideration of the premium charged, it is hereby understood and agreed that the **Insurer** shall pay on behalf of the **Named Insured** all **Legal Expenses** incurred to defend themselves before a coroner's inquest or any similar inquest or commission as a result of a **Wrongful Act**. Notwithstanding the foregoing, there is no coverage provided by this endorsement when the **Named Insured** is acting as an expert witness before such coroner's inquest or similar inquest or commission.

It is further understood and agreed that, for the purpose of the coverage provided by this endorsement only, this Policy is amended as follows:

A. The following definitions are inserted in Section II of this Policy:


**Lawyer** means a natural person who is licensed to practice law within the territorial limits and jurisdiction of Canada.

**Legal Expenses** means all amounts payable by the **Insured** to a **Lawyer** for conference, counselling, investigation, preparation of documents and transcripts, and witness fees provided:

- (i) the **Insurer** consents to the hourly rate charged by the **Lawyer** prior to any such **Legal Expenses** being incurred, such consent not to be unreasonably withheld; and
- (ii) such amounts have been charged by, and are directly payable to, said **Lawyer**.

B. The Limit of Liability of the **Insurer** under this endorsement shall be \$25,000.00 per **Named Insured** each **Policy Period**, which shall be part of, and not in addition to, the Limit of Liability shown in Item 5. of the Declarations, and subject to a Deductible of \$0.00.

All other terms and conditions remain unchanged.

  
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Authorized Representative



**COUNSELLING EXPENSES COVERAGE EXTENSION**

Endorsement No.: 2  
Policy No.: NPL1003721

Effective Date Of Endorsement: January 1, 2024

Issued To: British Columbia Society of Laboratory Science

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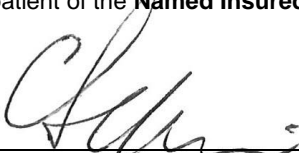
In consideration of the premium charged, it is hereby understood and agreed that the **Insurer** agrees to reimburse an **Eligible Person** for **Counselling Expenses** incurred arising out of sexual abuse by the **Named Insured** if the **Named Insured** has been found to be at fault under the rules and regulations set forth in section 85.7 of the Regulated Health Professions Act, 1991, provided such **Counselling Expenses** are reported to the **Insurer** during the **Policy Period**.

The Limit of Liability under this endorsement shall be \$10,000.00 per **Eligible Person**, which shall be in addition to the Limit of Liability shown in Item 5. of the Declarations, and is subject to a Deductible of \$0.00. The Deductible shall be borne by the **Named Insured**.

The term **Counselling Expenses** as used in this endorsement means amounts payable by an **Eligible Person** to a therapist selected by the **Eligible Person**, provided such amounts have been charged by, and are directly payable to, said therapist. **Counselling Expenses** shall not include amounts paid by the Ontario Health Insurance Plan or a private insurance company to said therapist.

The term **Eligible Person** as used in this endorsement means an individual for whom it has been determined under the rules and regulations set forth in section 85.7 of the Regulated Health Professions Act, 1991 to have suffered sexual abuse committed by the **Named Insured** while a patient of the **Named Insured**.

All other terms and conditions remain unchanged.

  
\_\_\_\_\_  
Authorized Representative

**PROFESSIONAL CONDUCT LEGAL EXPENSES EXTENSION (LIMITS INCLUSIVE)**

Endorsement No.: 3

Effective Date Of Endorsement: January 1, 2024

Policy No.: NPL1003721

Issued To: British Columbia Society of Laboratory Science

In consideration of the premium charged, it is hereby understood and agreed that the **Insurer** shall pay on behalf of the **Named Insured** all **Legal Expenses** incurred to defend themselves against any **Professional Conduct Claim** first made against them, and reported to the **Insurer**, during the **Policy Period** for any **Wrongful Act**.

It is further understood and agreed that, for the purpose of the coverage provided by this endorsement only, this Policy is amended as follows:

A. The following definitions are inserted in Section II of this Policy:

**Lawyer** means a natural person who is licensed to practice law within the territorial limits and jurisdiction of Canada.

**Legal Expenses** means all amounts payable by the **Insured** to a **Lawyer** for conference, counselling, investigation, preparation of documents and transcripts, and witness fees provided:

- (i) the **Insurer** consents to the hourly rate charged by the **Lawyer** prior to any such **Legal Expenses** being incurred, such consent not to be unreasonably withheld; and
- (ii) such amounts have been charged by, and are directly payable to, said **Lawyer**.

**Legal Expenses** shall not include expenses incurred by others and assessed against the **Named Insured** during or as a result of a **Professional Conduct Claim**.

**Named Insured** means the individual named in Item 3. of the Declarations or who is included under this **Policy** as an individual **Insured**. In no event shall the coverage provided by this endorsement apply to an entity, business, or similar organization.

**Professional Conduct Claim** means any:

- (i) notice of complaint;
- (ii) investigative order; or
- (iii) disciplinary proceeding,

commenced by a Canadian professional corporation or association, as defined by federal, provincial or territorial legislation which regulates the profession shown in Item 7. of the Declarations practiced by such **Named Insured**, against any **Named Insured**, to determine whether the **Named Insured** has contravened, or otherwise failed to meet the regulations, guidelines, standards, and/or code of conduct established by said Canadian regulatory body. A **Professional Conduct Claim** shall be deemed to have been first made at the earliest date upon which written notice thereof, or a copy of the **Professional Conduct Claim**, was personally received by any **Insured** by any means including personal delivery, facsimile transmission or email.

B. The Limit of Liability of the **Insurer** under this endorsement shall be as follows:

- (i) \$25,000.00 per **Named Insured**, per **Professional Conduct Claim**; subject to
- (ii) \$25,000.00 per **Named Insured** with respect to all **Professional Conduct Claims** first made each **Policy Period**,

which shall be part of, and not in addition to, the Limit of Liability shown in Item 5. of the Declarations, and subject to a Deductible of \$0.00.

All other terms and conditions remain unchanged.

A handwritten signature in black ink, appearing to be 'A. M. ...', written over a horizontal line.

Authorized Representative





**CRIMINAL PROCEEDINGS EXPENSE REIMBURSEMENT EXTENSION**

Endorsement No.: 4

Effective Date Of Endorsement: January 1, 2024

Policy No.: NPL1003721

Issued To: British Columbia Society of Laboratory Science

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In consideration of the premium charged, it is hereby understood and agreed that the **Insurer** agrees to reimburse the **Named Insured** for all **Legal Expenses** which they have reasonably incurred to defend themselves against any **Action** first made against them, and reported to the **Insurer**, during the **Policy Period** for any **Wrongful Act**, if the **Named Insured** is **Fully Successful**.

It is further understood and agreed that, for the purpose of the coverage provided by this endorsement only, this Policy is amended as follows:

A. The following definitions are inserted in Section II of this Policy:

**Action** means a criminal proceeding commenced by the issuance of a notice of action, statement of claim, writ of summons, complaint or similar proceeding against any **Named Insured**, provided such criminal proceeding is commenced within the territorial limits and jurisdiction of Canada.

**Fully Successful** means acquittal, the return of a "not guilty" verdict, or the withdrawal of the charges.

**Lawyer** means a natural person who is licensed to practice law within the territorial limits and jurisdiction of Canada.

**Legal Expenses** means all amounts payable by the **Named Insured** to a **Lawyer** for conference, counselling, investigation, preparation of documents and transcripts, and witness fees provided:

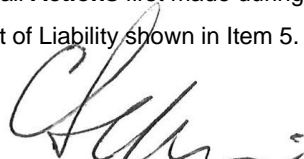
- (i) the **Insurer** consents to the hourly rate charged by the **Lawyer** prior to any such **Legal Expenses** being incurred, such consent not to be unreasonably withheld; and
- (ii) such amounts have been charged by, and are directly payable to, said **Lawyer**.

B. The Limit of Liability of the **Insurer** under this endorsement shall be as follows:

- (i) \$25,000.00 per **Named Insured**, per **Action**; subject to
- (ii) \$25,000.00 per **Named Insured** with respect to all **Actions** first made during the **Policy Period**,

which shall be part of, and not in addition to, the Limit of Liability shown in Item 5. of the Declarations, and subject to a Deductible of \$0.00.

All other terms and conditions remain unchanged.

  
\_\_\_\_\_  
Authorized Representative



**LIBEL & SLANDER EXTENSION**

Endorsement No.: 5  
Policy No.: NPL1003721

Effective Date Of Endorsement: January 1, 2024

Issued To: British Columbia Society of Laboratory Science

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In consideration of the premium charged, it is hereby understood and agreed that Exclusion (6) contain in Section IV EXCLUSIONS of this Policy is deleted and replaced by:

(6) based upon, arising out of, or attributable to **Personal Injury**. However, this exclusion does not apply to the publication or utterance of libel or slander or other defamatory or disparaging material, or a publication or utterance in violation of an individual's right to privacy.

All other terms and conditions remain unchanged.

  
\_\_\_\_\_  
Authorized Representative



**STATUTORY CONDITIONS ENDORSEMENT (ALBERTA, BRITISH COLUMBIA, MANITOBA AND SASKATCHEWAN)**

Endorsement No.: 6

Effective Date Of Endorsement: January 1, 2024

Policy No.: NPL1003721

Issued To: British Columbia Society of Laboratory Science

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In consideration of the premium charged, it is hereby understood and agreed that this Policy is amended by adding the following:

The Insurance Act of Alberta, British Columbia, Manitoba and Saskatchewan requires that the following Statutory Conditions be printed on this contract. The conditions set out in this section are deemed to be part of every contract in force in Alberta, British Columbia, Manitoba and Saskatchewan. Statutory Conditions 1 and 6 to 13 apply only to contracts that include insurance against loss or damage to property.

**X STATUTORY CONDITIONS**

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**MISREPRESENTATION**

- 1 If a person applying for insurance falsely describes the property to the prejudice of the insurer, or misrepresents or fraudulently omits to communicate any circumstance that is material to be made known to the insurer in order to enable it to judge the risk to be undertaken, the contract is void as to any property in relation to which the misrepresentation or omission is material.

**PROPERTY OF OTHERS**

- 2 The insurer is not liable for loss or damage to property owned by a person other than the insured unless
  - (a) otherwise specifically stated in the contract, or
  - (b) the interest of the insured in that property is stated in the contract.

**CHANGE OF INTEREST**

- 3 The insurer is liable for loss or damage occurring after an authorized assignment under the Bankruptcy and Insolvency Act (Canada) or a change of title by succession, by operation of law or by death.

**MATERIAL CHANGE IN RISK**

- 4
  - (1) The insured must promptly give notice in writing to the insurer or its agent of a change that is
    - (a) material to the risk, and
    - (b) within the control and knowledge of the insured.
  - (2) If an insurer or its agent is not promptly notified of a change under subparagraph (1) of this condition, the contract is void as to the part affected by the change.
  - (3) If an insurer or its agent is notified of a change under subparagraph (1) of this condition, the insurer may
    - (a) terminate the contract in accordance with Statutory Condition 5, or
    - (b) notify the insured in writing that, if the insured desires the contract to continue in force, the insured must, within 15 days after receipt of the notice, pay to the insurer an additional premium specified in the notice.
  - (4) If the insured fails to pay an additional premium when required to do so under subparagraph (3)(b) of this condition, the contract is terminated at that time and Statutory Condition 5(2)(a) applies in respect of the unearned portion of the premium.

**TERMINATION OF INSURANCE**

- 5
  - (1) The contract may be terminated
    - (a) by the insurer giving to the insured 15 days' notice of termination by registered mail or 5 days' written notice of termination personally delivered, or
    - (b) by the insured at any time on request.
  - (2) If the contract is terminated by the insurer,
    - (a) the insurer must refund the excess of premium actually paid by the insured over the prorated premium for the expired time, but in no event may the prorated premium for the expired time be less than any minimum retained premium specified in the contract, and

- (b) the refund must accompany the notice unless the premium is subject to adjustment or determination as to amount, in which case the refund must be made as soon as practicable.
- (3) If the contract is terminated by the insured, the insurer must refund as soon as practicable the excess of premium actually paid by the insured over the short rate premium for the expired time specified in the contract, but in no event may the short rate premium for the expired time be less than any minimum retained premium specified in the contract.
- (4) The 15-day period referred to in subparagraph (1)(a) of this condition starts to run on the day the registered letter or notification of it is delivered to the insured's postal address.

#### REQUIREMENTS AFTER LOSS

- 6 (1) On the happening of any loss or damage to insured property, the insured must, if the loss or damage is covered by the contract, in addition to observing the requirements of Statutory Condition 9,
- (a) immediately give notice in writing to the insurer,
  - (b) deliver as soon as practicable to the insurer a proof of loss in respect of the loss or damage to the insured property verified by statutory declaration
    - (i) giving a complete inventory of that property and showing in detail quantities and costs of that property and particulars of the amount of loss claimed,
    - (ii) stating when and how the loss occurred, and if caused by fire or explosion due to ignition, how the fire or explosion originated, so far as the insured knows or believes,
    - (iii) stating that the loss did not occur through any wilful act or neglect or the procurement, means or connivance of the insured,
    - (iv) stating the amount of other insurances and the names of other insurers,
    - (v) stating the interest of the insured and of all others in that property with particulars of all liens, encumbrances and other charges on that property,
    - (vi) stating any changes in title, use, occupation, location, possession or exposure of the property since the contract was issued, and
    - (vii) stating the place where the insured property was at the time of loss,
  - (c) if required by the insurer, give a complete inventory of undamaged property showing in detail quantities and cost of that property, and
  - (d) if required by the insurer and if practicable,
    - (i) produce books of account and inventory lists,
    - (ii) furnish invoices and other vouchers verified by statutory declaration, and
    - (iii) furnish a copy of the written portion of any other relevant contract.
- (2) The evidence given, produced or furnished under subparagraph (1)(c) and (d) of this condition must not be considered proofs of loss within the meaning of Statutory Conditions 12 and 13.

#### FRAUD

- 7 Any fraud or wilfully false statement in a statutory declaration in relation to the particulars required under Statutory Condition 6 invalidates the claim of the person who made the declaration.

#### WHO MAY GIVE NOTICE AND PROOF

- 8 Notice of loss under Statutory Condition 6(1)(a) may be given and the proof of loss under Statutory Condition 6(1)(b) may be made
- (a) by the agent of the insured if
    - (i) the insured is absent or unable to give the notice or make the proof, and
    - (ii) the absence or inability is satisfactorily accounted for, or
  - (b) by a person to whom any part of the insurance money is payable, if the insured refuses to do so, or in the circumstances described in clause (a) of this condition.

#### SALVAGE

- 9 (1) In the event of loss or damage to insured property, the insured must take all reasonable steps to prevent further loss or damage to that property and to prevent loss or damage to other property insured under the contract, including, if necessary, removing the property to prevent loss or damage or further loss or damage to the property.
- (2) The insurer must contribute on a prorated basis towards any reasonable and proper expenses in connection with steps taken by the insured under subparagraph (1) of this condition.

#### ENTRY, CONTROL, ABANDONMENT

- 10 After loss or damage to insured property, the insurer has
- (a) an immediate right of access and entry by accredited representatives sufficient to enable them to survey and examine the property, and to make an estimate of the loss or damage, and

- (b) after the insured has secured the property, a further right of access and entry by accredited representatives sufficient to enable them to appraise or estimate the loss or damage, but
  - (i) without the insured's consent, the insurer is not entitled to the control or possession of the insured property, and
  - (ii) without the insurer's consent, there can be no abandonment to it of the insured property.

**IN CASE OF DISAGREEMENT**

- 11 (1) In the event of disagreement as to the value of the insured property, the value of the property saved, the nature and extent of the repairs or replacements required or, if made, their adequacy, or the amount of the loss or damage, those questions must be determined using the applicable dispute resolution process set out in the Insurance Act whether or not the insured's right to recover under the contract is disputed, and independently of all other questions.
- (2) There is no right to a dispute resolution process under this condition until
  - (a) a specific demand is made for it in writing, and
  - (b) the proof of loss has been delivered to the insurer.

**WHEN LOSS PAYABLE**

- 12 Unless the contract provides for a shorter period, the loss is payable within 60 days after the proof of loss is completed in accordance with Statutory Condition 6 and delivered to the insurer.

**REPAIR OR REPLACEMENT**

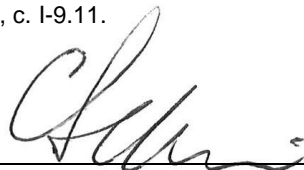
- 13 (1) Unless a dispute resolution process has been initiated, the insurer, instead of making payment, may repair, rebuild or replace the insured property lost or damaged, on giving written notice of its intention to do so within 30 days after receiving the proof of loss.
- (2) If the insurer gives notice under subparagraph (1) of this condition, the insurer must begin to repair, rebuild or replace the property within 45 days after receiving the proof of loss and must proceed with all due diligence to complete the work within a reasonable time.

**NOTICE**

- 14 (1) Written notice to the insurer may be delivered at, or sent by registered mail to, the chief agency or head office of the insurer in the province.
- (2) Written notice to the insured may be personally delivered at, or sent by registered mail addressed to, the insured's last known address as provided to the insurer by the insured.

It is further understood and agreed that every action or proceeding against an **Insurer** for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Alberta Insurance Act, RSA 2000, c I-3, British Columbia Insurance Act, RSBC 1996, c 226, Manitoba Insurance Act, C.C.S.M. c. I40 or Saskatchewan Insurance Act, SS2015, c. I-9.11.

All other terms and conditions remain unchanged.

  
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Authorized Representative