

# Association Liability Insurance Policy Schedule



**PLEASE READ THE ENTIRE POLICY CAREFULLY**

**Policy Number:**

**Association:**

**Broker Name and Address:**

**Policy Period:** From 4 p.m. (Local Standard Time)  
To 4 PM (Local Standard Time)

**Premium:**

**GST:**

**Stamp Duty:**

**Total:**

**Professional Services:**

**Limit of Liability:**

**Maximum Aggregate Limit of Liability:**

**Employment Practice Liability Sub-limit:**

**Fidelity Sub-limit:**

**Tax Audit Cover:** Included/Not included

**Tax Audit Sub-limit:**

**Lost Documents Sub-limit:**

**OH&S Expenses Sub-limit:**

**Pecuniary Penalties Sub-limit:**

**Pollution Expenses Sub-limit:**

**Representation Expenses Sub-limit:**

**Fraud Investigator Expenses Sub-limit:**

**Legal Consultation named firm:**

