



The
DOMINION OF CANADA
Group

THE DOMINION OF CANADA GENERAL INSURANCE COMPANY
THE CANADIAN INDEMNITY COMPANY
THE CASUALTY COMPANY OF CANADA

HEAD OFFICE: 165 UNIVERSITY AVENUE, TORONTO, ONTARIO M5H 3B9

STEWART-MCGUINNESS INSURANCE

FEBRUARY 27, 1990

58 ONTARIO ST
ST CATHARINES ONT
L2R 5J4

MONTHLY PAYMENT PLAN - STATEMENT OF ACCOUNT

EFFECTIVE DATE 14/04/90

RE: POLICY CCP8055342

NAME : ZYGMUNT & SHEILA SOJKA O/A

ZYGMUNT & SHEILA SOJKA O/A
FENWICK MARKET & VARIETY STORE
698 CANBORO ROAD
LOS 1C0

THE INITIAL WITHDRAWAL IS \$154.91 AND
IS DUE 1 MONTH PRIOR TO THE POLICY EFFECTIVE
DATE, AS WE BILL 1 MONTH IN ADVANCE.
FUTURE INSTALMENTS ARE SHOWN AT RIGHT.

IF YOU CHANGE BANKING INSTITUTIONS/ACCOUNT
NUMBERS, TELL YOUR AGENT/BROKER IMMEDIATELY

- THANK YOU FOR LETTING US SERVE YOU -

WITHDRAWAL IS MADE ON THE 14TH OF
EACH MONTH FROM ACCT 1072552

MAR	DUE	SEP	\$154.92
APR	\$154.92	OCT	\$154.92
MAY	\$154.92	NOV	\$154.92
JUN	\$154.92	DEC	\$154.91
JUL	\$154.92	JAN	\$154.91
AUG	\$154.92	FEB	\$154.91

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with the following divisions . . .

☐ THE CANADIAN INDEMNITY COMPANY ☒ THE CASUALTY COMPANY OF CANADA

POLICY No. **CCP** 8065342

☒ INDICATES THE PURPOSE OF THIS DOCUMENT ☐ NEW ☒ RENEWAL ☐ CHANGE ☐ SUBSCRIPTION
(SEE DEFINITIONS OVERLEAF)

CODE No.	2546
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POLICY PERIOD OR DATE OF CHANGE	DAY 14	MONTH 04	YEAR 90	TO	DAY 14	MONTH 04	YEAR 91	12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE NAMED INSURED AS STATED HEREIN.
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NAMED INSURED AND MAILING ADDRESS
ZYGMUNT SOJKA & SHEILA SOJKA o/a FENWICK
MARKET & VARIETY STORE
698 CANBORO ROAD
PELHAM, ONTARIO
L0S 1C0

INSURED LOCATION, IF OTHER THAN MAILING ADDRESS

DESCRIPTION OF INSURED BUSINESS OPERATIONS
CONVENIENCE STORE

OTHER OCCUPANCIES IN SAME BUILDING
DWELLING APARTMENT

CONSTRUCTION: H.C.B. & FRAME
NO. OF STOREYS: 2 ROOF: WOOD JOIST

FORM OF BUSINESS: ☐ INDIVIDUAL ☐ JOINT VENTURE ☒ PARTNERSHIP ☐ ORGANIZATION (OTHER THAN PARTNERSHIP OR JOINT VENTURE)

LOSS, IF ANY, UNDER SECTION 1 - COVERAGE (A) (ABSENCE OF ENTRY INDICATES LOSS PAYABLE TO INSURED)
HOME SAVINGS & LOAN CORPORATION - 1ST MORTGAGEE

BENEFICIAL REALTY LTD. - 2ND MORTGAGEE

INSURANCE IS PROVIDED ONLY FOR THOSE SECTIONS AND COVERAGES FOR WHICH A SPECIFIC LIMIT OF INSURANCE AND/OR PREMIUM IS INDICATED.

SECTION 1 - PROPERTY, GLASS OR BOILER

[illegible]

**☒ INDICATES THE
ITEMS CHANGED
BY THIS DOCUMENT**

THIS POLICY HAS BEEN ISSUED
TO REPLACE POLICY No.

THIS POLICY CONTAINS A CLAUSE(S) THAT
MAY LIMIT THE AMOUNT PAYABLE

SECTION 2 – CRIME

COVERAGE	FORM NUMBER	DEDUCTIBLE OR RETAINED LIMIT \$	LIMIT OF INSURANCE \$	RATE \$	PREMIUM OR INDICATES REFUND OR RETURN
<input type="checkbox"/> A. DISHONESTY, DISAPPEARANCE, DESTRUCTION					
<input type="checkbox"/> I – EMPLOYEE DISHONESTY – FORM A					
<input type="checkbox"/> II – EMPLOYEE DISHONESTY – FORM B					
<input type="checkbox"/> II – LOSS INSIDE THE PREMISES					
<input type="checkbox"/> III – LOSS OUTSIDE THE PREMISES					
<input type="checkbox"/> IV – MONEY ORDERS OR COUNTERFEIT PAPER CURRENCY					
<input type="checkbox"/> V – DEPOSITORS FORGERY					
<input type="checkbox"/> B. INSIDE AND OUTSIDE ROBBERY					
<input type="checkbox"/> C. SAFE BURGLARY					
<input type="checkbox"/> D. DAMAGE TO BUILDINGS BY BURGLARY					
<input type="checkbox"/> E. SCHEDULED FIDELITY BOND					
<input type="checkbox"/> F.					
<input type="checkbox"/> ENDORSEMENTS					

SECTION 3 – LIABILITY

<input type="checkbox"/> A. COMMERCIAL GENERAL LIABILITY					
AGGREGATE	5586(12/87)	250.	1,000,000.		INCL.
EACH OCCURRENCE	5586(12/87)	250.	1,000,000.		180. MIN
PERSONAL INJURY	5586(12/87)		1,000,000.		INCL.
TENANTS' LEGAL – ANY ONE PREMISES					
MEDICAL EXPENSES – ANY ONE PERSON	5586(12/87)		2,500.		INCL.

RETROACTIVE DATE (APPLICABLE TO FORM No 5585)

(COVERAGES A AND D OF FORM 5585 DO NOT APPLY TO "BODILY INJURY" OR "PROPERTY DAMAGE" WHICH OCCURS BEFORE THE RETROACTIVE DATE)

B. FARMERS' LIABILITY					
ENDORSEMENTS – NON OWNED AUTOMOBILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
C. COMMERCIAL UMBRELLA LIABILITY					
EACH OCCURRENCE					
ANNUAL AGGREGATE					
ENDORSEMENTS					
SCHEDULE OF UNDERLYING INSURANCE (APPLICABLE TO FORM No.5627)			APPLICABLE LIMITS		
<u>CARRIER, POLICY No. AND TERM</u>		<u>TYPE OF POLICY</u>			
PREMIUM ADJUSTMENT – ITEM ... (A) ... (ABSENCE OF AN ENTRY INDICATES NON ADJUSTABLE)					

☒ INDICATES THE ITEMS CHANGED BY THIS DOCUMENT

THIS POLICY CONTAINS A CLAUSE(S) THAT MAY LIMIT THE AMOUNT PAYABLE

IN WITNESS WHEREOF, THE INSURER HAS CAUSED THIS POLICY TO BE SIGNED BY ITS PRESIDENT BUT THIS POLICY SHALL NOT BE VALID UNTIL COUNTERSIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF THE INSURER.

THE DOMINION OF CANADA GROUP

[Signature]
PRESIDENT

STEWART – MCGUNNESS
INSURANCE BROKERS LTD.

[Signature]
COUNTERSIGNED

AUTHORIZED REPRESENTATIVE

DECLARATIONS PAGE 2 OF 2

PREMIUM LOCATION 1	\$ 1,859.
ADDITIONAL LOCATION (S) PREMIUM	\$ -
TOTAL PREMIUM PAYABLE	\$ 1,859.

PREMIUM COMPUTATION — COMMERCIAL GENERAL LIABILITY RIDER

Agent/Broker STEWART-McGUINNESS INSURANCE BROKERS Policy No. 8065342

Insured ZYGMUNT SOJKA & SHEILA SOJKA o/a FENWICK MARKET & VARIETY STORE

Policy Period APR. 14 90 to APR. 14 91

Risk Classification — Description	Premium Bases (see below)	Rates	Advance Premium
	A.		
	B.		
	C.		
RETAIL VARIETY STORE	D. 200,000.	.90	180.MIN
	E.		
TOTAL ADVANCE PREMIUM			\$ 180.

- Description of terms used for premium bases
- A. "Area" means the area of the buildings to be insured excluding that portion of the basement used exclusively for storage or that portion of the premises used for heating or air conditioning plant purposes. The unit of exposure to which the rates apply is each 100 square feet of area.

B. "Cost of work" means the total cost of all operations performed for the Named Insured during the policy period by independent contractors, including materials used or delivered for use by whom-ever supplied, except maintenance or ordinary alterations and re-pairs on premises owned or rented by the Named Insured. The unit of exposure to which the rates apply is each \$1,000 cost of work.

C. "Payroll (remuneration)" means the total earnings during the policy period for each owner, partner, executive officer or employee. The unit of exposure to which the rates apply is each \$1,000 of payroll.

D. "Revenue" means the gross amount of money charged for all goods, products or services sold, distributed or provided by the Named Insured or by others trading under his name during the policy period. The unit of exposure to which the rates apply is each \$1,000 of revenue.

E. "Other".

THE DOMINION OF CANADA GROUP

POLICY DECLARATION

PAGE 1

HEAD OFFICE: 165 UNIVERSITY AVENUE, TORONTO, ONTARIO M5H 3B9
THE INSURER IS DESIGNATED BELOW BY AN ☒

BRANCH HAMILTON

* DIVISIONS OF THE DOMINION OF CANADA GENERAL INSURANCE COMPANY

RENEWAL OF POLICY ADH 7233930

☐ THE DOMINION OF CANADA GENERAL
INSURANCE COMPANY☐ * THE CANADIAN INDEMNITY
COMPANY☒ * THE CASUALTY COMPANY
OF CANADA

POLICY NO. ADH7233930

RENEWAL DECLARATION

1462546

NAME AND ADDRESS OF INSURED
ZYGMUNT & SHEILA SOJKA
698 CANBORO RD
FENWICK TOWN OF PELHAMBROKER
OR
AGENTSTEWART-MCGUINNESS INSURANCE
BROKERS LTD
58 ONTARIO ST
ST CATHARINES ONT L2R5J4
TELEPHONE 416-688-2712

PERIOD COVERED	EFFECTIVE DATE	DAY	MO.	YR.	EXPIRY DATE	DAY	MO.	YR.
		14	04	1990		14	04	1991

12:01 A.M. STANDARD TIME AT THE INSURED'S ADDRESS
STATED HEREIN AS TO EACH OF SAID DATES.

LOCATION 1 YOUR PRINCIPAL RESIDENCE PREMISES IS LOCATED AT
AS SHOWN ABOVERATING TENANTS PACKAGE STANDARD FORM, BASIC PREMIUM
COMMERCIAL BUILDING, WITHIN 1000 FEET OF A HYDRANT
PRIMARY HEATING - CENTRAL FURNACE OR ELECTRIC

DEDUCTIBLE \$100

INFLATION GUARD 0.75%

	COVERAGES	AMOUNT
SECTION I	C. PERSONAL PROPERTY - ON PREMISES	\$17,500
	- OFF PREMISES	\$2,000
	D. ADDITIONAL LIVING EXPENSES	\$3,500
SECTION II	E. PERSONAL LIABILITY	\$1,000,000
	F. VOLUNTARY MEDICAL PAYMENTS	\$5,000
	G. VOLUNTARY PAYMENT - DAMAGE TO PROPERTY	\$500
PREMIUM	BASIC POLICY	\$194
	INCREASED AMOUNT - COVERAGE II-E	\$12
	SEASONAL RESIDENCE(S)	\$135
	RENTED/SEASONAL RESIDENCE(S) LIABILITY	\$7

TOTAL FULL TERM PREMIUM \$348

FORM NUMBERS 8504 04/87

STEWART - MCGUINNESS
INSURANCE BROKERS LTD.

PER

PRESIDENT

AUTHORIZED REPRESENTATIVE DATE

---STATEMENT OF ACCOUNT---

ADH7233930 1006 MONTHLY PAYMENT
ZYGMUNT & SHEILA SOJKA
698 CANBORO RDTHE INITIAL WITHDRAWAL IS \$29.00 AND WITHDRAWAL IS MADE ON 14TH OF
IS DUE 1 MONTH PRIOR TO THE POLICY EFFECTIVE EACH MONTH FROM ACCT 1072552
DATE, AS WE BILL 1 MONTH IN ADVANCE.
FUTURE INSTALMENTS ARE SHOWN AT RIGHT.IF YOU CHANGE BANKING INSTITUTIONS/ACCOUNT
NUMBERS, TELL YOUR AGENT/BROKER IMMEDIATELY.

MAR	DUE	SEP	\$29.00
APR	\$29.00	OCT	\$29.00
MAY	\$29.00	NOV	\$29.00
JUN	\$29.00	DEC	\$29.00
JUL	\$29.00	JAN	\$29.00
AUG	\$29.00	FEB	\$29.00

- THANK YOU FOR LETTING US SERVE YOU -

THE DOMINION OF CANADA GROUP

POLICY DECLARATION

PAGE 2

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THE INSURER IS DESIGNATED BELOW BY AN ☒

BRANCH HAMILTON

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RENEWAL OF POLICY ADH 7233930

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INSURANCE COMPANY

☐ * THE CANADIAN INDEMNITY
COMPANY

☒ * THE CASUALTY COMPANY
OF CANADA

POLICY NO. ADH7233930

RENEWAL DECLARATION

1462546

NAME AND ADDRESS OF INSURED
ZYGMUNT & SHEILA SOJKA
698 CANBORO RD
FENWICK TOWN OF PELHAM

BROKER
OR
AGENT

STEWART-MCGUINNESS INSURANCE
BROKERS LTD
58 ONTARIO ST
ST CATHARINES ONT L2R5J4
TELEPHONE 416-688-2712

PERIOD COVERED	EFFECTIVE DATE	DAY	MO.	YR.	EXPIRY DATE	DAY	MO.	YR.	12:01 A.M. STANDARD TIME AT THE INSURED'S ADDRESS STATED HEREIN AS TO EACH OF SAID DATES.
	14	04	1990		14	04	1991		

LOCATION 2 YOUR SEASONAL RESIDENCE PREMISES IS LOCATED AT
LOT 7 CONC 1 LYONS RD DUN
EONT

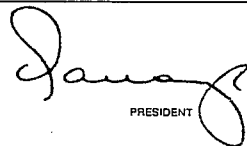
RATING SEASONAL RESIDENCE STANDARD FORM.
ONE FAMILY, WITHIN 8 MILES OF A FIREHALL

DEDUCTIBLE \$100

SECTION III	C O V E R A G E S	AMOUNT	PREMIUM
	H. DWELLING BUILDING	\$27.500	\$114
	J. DETACHED BUILDINGS	\$2.750	\$0
	I. PERSONAL PROPERTY - ON PREMISES	\$5.500	\$21
	- OFF PREMISES	\$550	
	K. ADDITIONAL LIVING EXPENSES	\$2.750	\$0

LOSS IF ANY UNDER BUILDING H & J ALSO PAYABLE TO -
I ANGELO DEFADERI
399 CATHARINE ST
PORT COLBORNE ONT

FORM NUMBERS 8520 04/87


PRESIDENT