



COMMERCIAL INSURANCE POLICY

POLICY NUMBER LL03562

MASTER POLICY NUMBER

REPLACES NUMBER

PURPOSE OF DOCUMENT Policy Renewal

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyd's Underwriters' insurance business in Canada

POLICY DECLARATIONS

| | | |
|-------------------------------------|--|---------------------------------|
| Name of Insured | Employee Wellness Solutions Network | |
| Mailing Address | 502 Old Wonderland Rd London, ON N6K 1L6 | |
| Policy Period (MM/DD/YYYY) | From 8/12/2014 12:01 AM | To 8/12/2015 12:01 AM |
| Broker | May-McConville Insurance Brokers Limited (1352) 123 St George St Suite 100 London, ON N6A 3A1 | |
| Broker Number | 1352 | |
| Total Policy Premium | \$665 | |
| Minimum Retained Premium | \$665 | |
| Policy Fees (Non-Refundable) | \$100 | |
| Total Owing | \$765 | |

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy

Description of Operations: Activities of the named insured with respect to Fitness Instruction.
Locations to which this policy applies: All locations used by the named insured.

Remarks:

THIS POLICY CONTAINS A CLAUSE THAT MAY LIMIT THE AMOUNT PAYABLE

Created On: 2014/06/26

Printed On: 2014/06/26

Liability Coverage

| Form # | Coverage | Deductible | Type | Limit | Premium |
|------------|---|------------|---------------|-------------|----------|
| OLDA 5603A | Commercial General Liability Wording CGL & E&O | | | | Included |
| | Coverage A Products and Completed Operations- aggregate limit | \$1,000 | Reimbursement | \$2,000,000 | |
| | Coverage A. Bodily Injury and Property Damage-per occurrence | \$1,000 | Reimbursement | \$2,000,000 | |
| | Coverage B Personal Injury Liability-per occurrence | \$1,000 | Reimbursement | \$2,000,000 | |
| | Coverage C. Medical Expense Limit | | | | |
| | 1,000/ 10,000 any one person/ any one accident | | | | |
| | Coverage D. Tenants Legal Liability Broad Form | \$1,000 | Reimbursement | \$250,000 | |
| OLDA 5603A | Errors & Omissions (Section E) | \$1,000 | Reimbursement | \$2,000,000 | |
| | Sublimit | | | | |
| SPF No. 6 | Non-Owned Automobile Liability | \$1,000 | Reimbursement | \$2,000,000 | |
| | (any one accident) | | | | |

Applicable To All Liability Coverage

| Form # | | Form # | |
|----------|--|-----------|---|
| IFC33000 | Insuring Agreement | 5051a | <u>Trampoline Activities Exclusion</u> |
| 5002 | Molestation Exclusion | 5052 | Total Asbestos Exclusion |
| 5006B | Host Liquor Liability Exclusion | 5061b | Other Insurance Amendment Endorsement |
| 5007 | Forcible Ejection Exclusion | 5090 | Policy Disputes |
| 5008 | Reimbursement Clause Endorsement | 5091 | Punitive and Exemplary Damages Exclusion Clause |
| 5040 | Policy Territory Endorsement | | Additional Residence Liability |
| 5042 | Cyber/ Data Exclusion | NMA1978a | Nuclear Incident Exclusion |
| 5045A | USA Exclusion Endorsement | NMA2918 | War and Terrorism Exclusion Endorsement |
| 5048 | <u>Contracted Employees Exclusion</u> | O.E.F 98B | Reduction of Coverage For Lessees or Drivers of Leased Vehicles Endorsement |
| 5049 | Fungi and Fungal Derivatives Exclusion Endorsement | | |

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| Additional Insureds: | It is hereby understood and agreed that the following entity shown below is added as Additional Insured but only in respect of liability arising out of the Named Insured's premises or operations, and only with respect to losses which would have been recoverable in the absence of this agreement. The policy limits are not increased by the addition of such Additional Insured(s) and remain as stated in this certificate: MG Janco Inc. |
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Applicable To All Coverages Of This Policy

| Form # | | Form # | |
|----------|---|---------|--|
| LSW1542E | Lloyd's Underwriters' Policyholders' Complaint Protocol | LMA3100 | Sanction Limitation and Exclusion Clause |
| LSW1543A | Notice Concerning Personal Information | | Special Risk Disclosure Notice |
| LSW1001 | Several Liability Notice | | Special Risk Privacy Policy |
| LSW1565C | Code of Consumer Rights & Responsibilities | | Special Risk Cancellation Form |

IDENTIFICATION OF INSURER / ACTION AGAINST INSURER

This insurance has been effected in accordance with the authorization granted to the undersigned by certain Lloyd's Underwriters, whose names and proportions underwritten by them can be ascertained by reference to Contract /Unique Market Reference No. B113514CPBA908, which bears the seal of Lloyd's Policy Signing Office and has been certified by the Attorney In Fact in Canada for Lloyd's Underwriters and may be seen at the office of the undersigned. The Underwriters identified in the said Contract shall be liable hereunder each for his own part and not one for another in proportion to the several sums by each of them subscribed to the said contract.

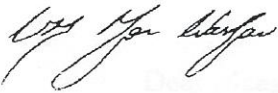
In any action to enforce the obligations of the Underwriters liable hereunder they can be designated or named as "Lloyd's Underwriters" and such designation shall be binding on the Underwriters liable hereunder as if they had each been individually named as defendant. Service of such proceedings may validly be made upon the Attorney In Fact in Canada for Lloyd's Underwriters, whose address for such service is 1155 rue Metcalfe, Suite 1540, Montreal, Quebec, H3B 2V6.

For Purposes of the Insurance Companies Act (Canada), this document was issued in the course of Lloyds Underwriters' insurance business in Canada

NOTICE

Any notice to the Insurer may be validly given to the undersigned. In witness whereof this policy has been signed, as authorized by the Insurer, to SPECIAL RISK INSURANCE MANAGERS LTD., #103, 8411 - 200th Street, Langley, BC V2Y 0E7
TEL: (604) 888-0050 FAX: (604) 888-1008

Countersigned



Authorized Representative