



APARTMENTS & CONDOMINIUMS

Original Survey
 Follow-up Visit

CONFIDENTIAL

NOTE: The sole purpose of this report is to provide insurance pricing and underwriting information about the particular insured and location named below. Only the person requesting this survey will receive a copy of the report, and IAO / CRRS asks that it be kept strictly confidential. This report does not guarantee compliance with any standards or with any federal, provincial or municipal codes, ordinances or regulations.

Insured: Canadian Apartment Real Estate Investment Insurer: Guardian Insurance Co.
 Location Surveyed: 5 King's Cross Rd. Policy / Reference #: 1945460
Brampton, Ontario Surveyed By: Jamie Stainton
 Postal Code: _____ Date of Survey: December 15, 1997
 Person Contacted: Mr. Eddie Tang Telephone #: 416 861-1311

OCCUPANCY

Description of principal occupancy High rise multi tenant apartment building
 Other Occupants None
 Business Hours 24 hrs/7 days

BUILDING

Year Built: 1977 Additions _____
 Building Renovated: No Yes 19 storeys _____ Height 59.1 m
 Ground Floor Area 1228 m² Underground Parking Garage Area: 1st Level 2455 m² 2nd Level _____ m²
 Total Underground Parking Garage Area: 2455 m² Total Area: 12280 m²
 Basement Area 1228 m²
 *If more than one building, refer to sketch for dimensions and area.

Building Condition Good Fair Poor
 Wall Construction Non-Combustible _____% Reinforced conc. _____%
 Brick Masonry _____% Solid Masonry 100%
 Load Bearing: Yes No Wood Frame _____%

Roof Type: Flat Sloped Peaked Other _____
 Roof Construction Wood Joist Concrete Steel Deck I II Other Reinforced concrete
 Roof Covering Tar & Gravel Metal Asphalt Shingles Other _____
 Resurfaced: No Yes 19 _____

Floor Construction Concrete _____% Concrete on Metal Pan _____%
 Wood Joist _____% Other Reinforced concrete 100%
 Vertical Openings: None Stairs Elevator Other Garbage chute
 Proper Protection Yes No Not Applicable

Horizontal Separations Major Partition Construction Not Applicable Frame
 Concrete Block Other: _____
 Proper Opening Protection Yes No Not Applicable

Combustible Concealed Spaces Yes No
 Proper Protection Yes No Not Applicable

Interior Finish Walls: Combustible _____% Non-Combustible 100% Open _____%
 Ceilings: Combustible _____% Non-Combustible 100% Open _____%

IAO / CRRS reports, prepared in compliance with commonly accepted risk control standards existing at the time services are rendered, are developed from an inspection of the premises and / or from data supplied by or on behalf of the Purchaser. IAO / CRRS does not purport to list all hazards. While changes and modifications, referred to in the reports are designed to upgrade protection and loss prevention of the premises, IAO / CRRS assumes no responsibility for management and control of these activities IAO / CRRS will not be responsible to the Purchaser for any losses or damages, whether consequential or other, however caused, incurred or suffered as a result of the services being provided.

COMMON HAZARDS

	Extent of Exposure				Remarks:
	None	Slight	Moderate	Severe	
Smoking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In individual apartments
Heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No deficiencies noted
Electrical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	" " "
Housekeeping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good throughout

HEATING

Forced warm air: _____% Electric Gas Oil Other _____

Suspended unit heaters: _____% Electric Gas Oil Other _____

Portable Heaters: _____% Electric Gas Oil Other _____

Electric baseboard units: _____%

Hot water/steam : 100% Electric Gas Oil Other _____

Boiler Yes No Age and Make Approximately 12 yrs - no labels N/A

Date of last boiler inspection Not tagged

Other: 0% Electric Gas Oil Other _____

Appliance enclosed in a non-combustible room: Yes No Not required

Combustible materials stored in the room: Yes No Not applicable

Fuel Tanks: None Inside Outside above ground Outside below ground

Fill vent and piping outdoors Yes No N/A

Chimney: Masonry ULC Factory Built Unlabelled pre-fab Other _____

Standard Non-Standard

Installation appears safe: Yes No

Installation replaced: No Yes 19 _____ %

ELECTRICAL

Type: Conduit BX Non-metallic Other _____

Overcurrent protection: Circuit breakers Type F fuses Type D fuses Other _____

Condition: Good Fair Poor

Remarks: No deficiencies noted

Installation appears safe: Yes No Installation replaced: No Yes 19 _____ %

Remarks: No deficiencies noted

Partial Changes / Extensions: No Yes

Emergency Power Generator: No Yes Diesel Oil Gas Other _____

PLUMBING

Type: Copper Galvanized Plastic Other _____

Condition: Good Fair Poor

Remarks: No deficiencies

Installation replaced: No Yes 19 _____ %

EXPOSURE TO PROPERTY

	Distance	Height	Construction	Occupancy	Opening in Facing Wall	
					Yes	No
Front	m.	Sto.	Open			
Rear	m.	Sto.	"			
Left	m.	Sto.	"			
Right	m.	Sto.	"			

CRIME

Neighbourhood

Crime Experience: Low Moderate High
 Residential Commercial Industrial Rural Isolated
 Appears to be: Stable Changing via: Expansion/growth Renovation Deterioration

General Protection

Effective exterior lighting Yes No Effective interior lighting Yes No
 Premises fully fenced Yes No Regular police patrols Yes No
 Security guard services: None For building

Security System

Video camera surveillance Yes No
 Premises alarm system in use: Yes No N/A Extent of protection: Perimeter Space/area Not determined
 Monitored by: ULC Monitoring Station Unlisted Service Local alarm
 Line security: Dedicated line Digital dialer Other _____

Physical Protection

Door locks: Deadbolt Spring Other Electrically operated
 Describe other protection, if any: None

LIABILITY

	Extent of Exposure			Describe
	Slight	Moderate	Severe	
Slipping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>No unusual exposure</u>
Sidewalks / Walkways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Even walking surfaces</u>
Floor Surfaces and Coverings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
Fire Exit Markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Well marked</u>
Exit Obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>None</u>
Stairs / Ramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Well laid out</u>
Handrails to Stairs / Ramps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>" " "</u>
Fire Escapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>None</u>
Underground Parking Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Well marked</u>
Other Parking Areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>" "</u>
Snow & Ice Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Contracted by building owner</u>
General Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
Emergency Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>
Interior Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Good</u>
Exterior Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>"</u>
Laundry Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Yes</u>
Party Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>None</u>
Day Care Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>"</u>
Allurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>"</u>
Senior's Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>"</u>

Fire Safety Plan in Place Yes No
 Briefly describe evacuation procedures: _____

Are fire drills conducted: No Yes Frequency: _____
 Emergency Power Systems Tested Yes No All Test Records Kept on File Yes No

FIRE PROTECTION

Public

F.U.S. Protection Class: 3
Responding Fire Department: Brampton Full Time Volunteer Composite
Distance to Fire Department: Less than 2.5 km. Roads: Paved Unpaved
Accessible Year-round: Yes No Difficult access for Fire Dept: Yes No
No. of Hydrants: 2 within 155m. _____ within 156m.-305m. _____ over 305m. None

Private

Are the following adequate?

Portable Extinguishers: Yes No Date last serviced: July 1997
Security Guard Service / Desk: Yes No N/A
Standpipe / Inside Hose: Yes No N/A
Fire Detection System: Yes No N/A
Connected to : ULC Central Station ULC Monitoring Station
 Unlisted Service Local Only
 Fire/Police Department Other _____
Self Closing Doors on All Apartments: Yes No
Voice Communication System: Yes No Tested: Yes No
Heat / Smoke Detectors in Each Unit: Yes No Tested: Yes No

Automatic Sprinkler Protection: None Partial Full Premises
Type of system: Wet Dry Pre-action Deluge
Date system last inspected/ serviced: April 1997
Name of contractor / service company: Brampton Fire Protection
System tested at time of survey: Yes No
Connected to : ULC Central Station ULC Monitoring Station
 Unlisted Service Local Only
 Fire/Police Department Other _____

BUSINESS INTERRUPTION

Insured is: Landlord Condominium Corporation Other _____
Secondary Power Supply: Yes No Automatic Transfer Switch: Yes No N/A
Replacement time for equipment: 2 weeks
Is there a disaster recovery plan in place: No Yes Last reviewed / Updated: N/A

GENERAL REMARKS

Insured have owned since: 19 95
Premises in good condition and well maintained: Yes No Superintendent / Janitor lives on premises: Yes No
Insured appears to be interested in loss prevention: Yes No
Losses during last 2 years: None Yes _____
Controlled access to building: No Yes > Card Key Other Electric doors

LIABILITY (Cont'd)

Exercise Facilities None

Weight / Exercise Room

Supervised: No Yes Qualifications of supervisor _____

Briefly describe equipment _____

Does the equipment appear to be well maintained: Yes No

Does the Sauna(s) appear to be well arranged and maintained: Yes No N/A

Does the Whirlpool(s) appear to be well maintained: Yes No N/A

Playground None

Playground Equipment: _____ Swings _____ Teeter Totters _____ Climbers _____ Creative Play Structures
 _____ Merry Go Rounds / Whirlers _____ Rocking Equipment _____ Slides _____ Others
 Stable: Yes No Well maintained: Yes No

Describe general site conditions: _____

Playground supervised: Yes No Playspace / Equipment Segregated: Yes No

Qualifications of playground supervisor(s) _____

Describe Signage: _____

Swimming Pool None

General Description Outdoor Below Grade Heated Indoor Above Grade

Construction Concrete Steel Other _____
 Fiberglass Vinyl

Age: _____ General Condition Good Fair Poor

Dimensions: W _____ m. x _____ m. Depth: Maximum _____ m. Minimum _____ m.

Maximum Capacity: _____ persons Hours of Use : _____

Public Private

Is the swimming pool supervised: No Yes Qualifications of Lifeguard(s): _____

Do each of the following appear satisfactorily arranged?

	Yes	No	N/A
Diving Boards(s) Number: _____ Height: _____ m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Rooms / Locker Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clearance Around Pool Edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of Floor Cover Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of Furnishings / Fixed Seating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balconies or Observation Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fence Enclosure Height and Gate Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality Control Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL REMARKS

The insured is the building owner. The premises are well laid out and are obviously well maintained.

The insured representative was cooperative and interested in loss prevention.

RECOMMENDATIONS

SAMPLE

None made at this time.