



## DECLARATIONS

CUMIS General Insurance Company 151 N. Service Road, Burlington, ON L7R 4C2

POLICY NUMBER	EFFECTIVE DATE	EXPIRY DATE	
01500235	01/01/2022	01/01/2023	Effective 12:01 Local Time at the address of the Insured
	M/D/Y	M/D/Y	

INSURED'S NAME AND MAILING ADDRESS	LOCATIONS INSURED
Equity Credit Union Inc. 299 Kingston Road East Unit 1 Ajax, ON L1Z 0K5	As per schedule of values on file with Insurer.

COVERAGE SUMMARY	LIMIT	AGGREGATE LIMIT	DEDUCTIBLE	ANNUAL PREMIUM
BOND	As shown below	\$10,000,000	\$10,000	\$19,361
Audit Expense	\$25,000			
Automated Banking Machine	As per schedule			
Computer Crime	\$5,000,000			
Counterfeit Money	\$10,000,000			
Crisis response intervention	\$10,000			
Dishonesty	\$10,000,000			
Forgery	\$10,000,000			
Extended Forgery	\$1,000,000			
In transit - armoured vehicle	\$5,000,000			
In transit - employee	\$200,000			
In transit - non-negotiables	\$5,000,000			
Money Orders	\$250,000			
On premises	As per schedule			
Online and Mobile Banking - \$25,000 limit per member	\$250,000	\$250,000	As per policy wording	
Business Expense	\$1,000			
Plastic Card Issuer - single card	\$40,000			
Plastic Card - multiple card	\$250,000			
Premises damage	\$500,000			
Property of others	\$1,000			
Records reconstruction	\$25,000			
Signature guarantee	\$10,000			
Electronic Crime Extension	As per policy wording			
Transfer agent signature guarantee	\$250,000			
Directors' & Officers' Liability	\$15,000,000	\$15,000,000	\$10,000	\$5,698
Corporate Errors & Omissions	\$2,000,000	\$2,000,000	\$10,000	\$7,270
Employment Practices Liability	\$1,000,000	\$1,000,000	\$10,000	\$2,249

**THIS POLICY CONTAINS A CLAUSE WHICH MAY LIMIT THE AMOUNT PAYABLE**



## DECLARATIONS

COVERAGE SUMMARY	LIMIT	AGGREGATE LIMIT	DEDUCTIBLE	ANNUAL PREMIUM
Comprehensive Privacy Liability	\$2,000,000	\$2,000,000	\$2,500	\$2,344

PREMIUM FOR THIS TRANSACTION:	\$36,922
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POLICY ENDORSEMENTS			
No.	Description	Coverage	Premium
1	Bond Policy Amendment (Ontario)	Bond	Included
2	Contingent Wealth Management Liability Extension	All	Included

Date Issued: January 04, 2022

Authorized Signature:

### On Premises Schedule

Policy Number: 01500235

<b>BRANCH LOCATION</b>	<b>COVERAGE</b>	<b>LIMIT</b>	<b>SECURITY EQUIPMENT</b>
1 - 299 Kingston Rd. East, Ajax L1Z 0K5			S4, R2, R4, R6, R10, R12, R13, B3, B6, B8, R1, A1, A6, A7, A8, A9, A11
	Business Hours	\$405,000	
	Closed Hours	\$405,000	
	ABM	\$100,000	
	Non-negotiable - Open	\$500,000	
	Non-negotiable - Closed	\$500,000	
Total: 1			

# ENDORSEMENT

<b>INSURED:</b>	Equity Credit Union Inc.			
<b>EFFECTIVE:</b>	From 1/1/2022	To 1/1/2023	<b>POLICY NUMBER:</b>	01500235
	(both effective 12:01 a.m. local time at the address of the INSURED)		<b>ENDORSEMENT NUMBER:</b>	1

## Bond Policy Amendment (Ontario) Endorsement

Coverage under the Bond policy is amended as shown below:

### 1. Cancellation Notice (Ontario Bond)

The policy Condition "Termination As To Bond" is deleted in its entirety and replaced by the following:

#### TERMINATION AS TO BOND

Subject to the Condition "Extended Discovery Period", this Bond shall terminate immediately upon the:

1. exhaustion of the AGGREGATE LIMIT; subject to the Condition "Reinstatement"; or
2. expiration of 15 days after receipt by the INSURED of written notice from the Insurer to terminate this Bond for non-payment of premium; or
3. expiration of 60 days after receipt by the INSURED of written notice from the Insurer to terminate this Bond; or
4. INSURED ceasing to exist through MERGER or DISSOLUTION; or
5. receipt by the Insurer of written notice from the INSURED to terminate this Bond, indicating that the required notice has been given to the INSURED's REGULATORY AUTHORITY, or

Payment of any refund by the Insurer shall not be a condition precedent to termination, but such payment shall be made as soon as practicable.

Any cancellation or termination to which this endorsement applies shall not be effective until 30 days written notice of the intention to cancel these Policies has been given, by either the Insurer or the Insured, to:

1. President and CEO, Deposit Insurance Corporation of Ontario, 4711 Yonge Street, Suite 700 North York, Ontario M2N 6K8
2. Director, Credit Unions and Co-op Services Branch, Financial Services Commission of Ontario, 5160 Yonge Street, P.O. Box 85, Toronto, Ontario M2N 6L9
3. Superintendent of Financial Institutions, 255 Albert Street, Ottawa, Ontario K1A 0H2.
4. Canada Mortgage and Housing Corporation, [securitization@cmhc-schl.gc.ca](mailto:securitization@cmhc-schl.gc.ca)

### 2. Notice of Loss Condition (Bond)

The Policy Condition 'Notice of Loss' is deleted in its entirety and replaced by the following:

#### NOTICE OF LOSS

The INSURED shall file with the Insurer:

1. A written notice of loss within 60 days after DISCOVERY OF LOSS, including:
  - a. the identity of the subject EMPLOYEE, DIRECTOR or COMMITTEE MEMBER; and,
  - b. The timing, facts and circumstances which cause the INSURED to believe that dishonest or fraudulent acts have been committed; and,
  - c. the amount of the suspected loss, to the full extent then known or reasonably available to the INSURED.
2. An itemized Proof of Loss, duly sworn, within 180 days after giving such notice, including the following information:
  - a. The identity of the EMPLOYEE, DIRECTOR or COMMITTEE MEMBER; and,
  - b. The nature of the dishonest or fraudulent acts; and,
  - c. The amount of the suspected loss, including all reports and other documents which support the amount claimed; and,
  - d. Details of the report made to the police; and,
  - e. Any written investigation reports, statements or other information which relate to the subject fraudulent or dishonest acts.

# ENDORSEMENT

<b>INSURED:</b>	Equity Credit Union Inc.			
<b>EFFECTIVE:</b>	From 1/1/2022	To 1/1/2023	<b>POLICY NUMBER:</b>	01500235
	(both effective 12:01 a.m. local time at the address of the INSURED)		<b>ENDORSEMENT NUMBER:</b>	1

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If failure to give such Proof of Loss does not prejudice the Insurer in its opinion, subject to the Condition, "Action Against Insurer", the Insurer may extend the period of time for filing such Proof of Loss.

Premium: \$0

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Except as otherwise provided in this endorsement, all terms of this Policy have full force and effect.

IN WITNESS WHEREOF, the Insurer has executed this endorsement, which is not valid unless signed by an authorized representative of the Insurer.

Date Issued: January 04, 2022

Authorized Signature:



# ENDORSEMENT

<b>INSURED:</b>	Equity Credit Union Inc.			
<b>EFFECTIVE:</b>	From 1/1/2022	To 1/1/2023	<b>POLICY NUMBER:</b>	01500235
	(both effective 12:01 a.m. local time at the address of the INSURED)		<b>ENDORSEMENT NUMBER:</b>	2

## Contingent Wealth Management Liability Extension Endorsement

This endorsement applies only to the *Corporate Errors and Omissions Liability* policy.

Notwithstanding the Exclusion "Excluded Products", this policy is extended to include coverage for DEFENCE COSTS related to the sale, promotion or distribution of segregated funds, individual life, individual disability, mutual funds or securities products.

This extension of coverage does not apply to any of the following:

1. Any liability of another party that has been assumed by, or charged back to, the INSURED, under a contract or agreement;
2. Any LOSS for which the INSURED is entitled to coverage, in whole or in part, under any other policy of insurance. This endorsement provides coverage only if such other insurance is invalid or uncollectible;
3. Promises or guarantees made by an INSURED with respect to estimates of profits, return on capital, economic return or other estimates giving rise to a forecast of economic return;
4. The collection, transmission, payment or transfer of any insurance premiums, taxes, money or securities;
5. Any amounts for the settlement of a LOSS;
6. Trading errors, including operational errors when processing a transaction.

Premium: \$0

Except as otherwise provided in this endorsement, all terms of this Policy have full force and effect.

IN WITNESS WHEREOF, the Insurer has executed this endorsement, which is not valid unless signed by an authorized representative of the Insurer.

Date Issued: January 04, 2022

Authorized Signature:



# ENDORSEMENT

<b>INSURED:</b>	Equity Credit Union Inc.			
<b>EFFECTIVE:</b>	From 3/24/2022	To 1/1/2023	<b>POLICY NUMBER:</b>	01500235
	(both effective 12:01 a.m. local time at the address of the INSURED)		<b>ENDORSEMENT NUMBER:</b>	3

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## Electronic Crime Endorsement

The Limit of Liability Condition, item #3 (policy #DD-603E 01/18), is hereby deleted and replaced with the following:

3. ELECTRONIC CRIME  
Subject to the AGGREGATE LIMIT, the Limit applicable for this Insuring Agreement is \$1,500,000.

Premium: \$780

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Except as otherwise provided in this endorsement, all terms of this Policy have full force and effect.

IN WITNESS WHEREOF, the Insurer has executed this endorsement, which is not valid unless signed by an authorized representative of the Insurer.

Date Issued: 3/29/2022

Authorized Signature:

