

February 5, 2019

Felix Rodrigues  
Felix.rodrigues@rogers.com

RE: **Purchase from Adalina Rodrigues**  
**Unit 14, Level 8, Parking Unit 46 Level A, Locker Unit 79 Level 2**  
**55 Eglinton Avenue West, Mississauga, ON**  
**Peel Standard Condominium Corporation No. 978**  
**Closing: Unknown**

We have received your request for a Status Certificate for the aforementioned unit and are pleased to enclose herewith the Status Certificate as well as the supporting documents required by the Condominium Act for the above-captioned unit.

If there are any arrears of Common Element Assessment Fees noted on the Status Certificate, payment must be made, forthwith. **This Condominium Corporation is individually metered for hydro consumption. The vendor/purchaser is responsible for consumption costs within the unit.** The recipient of this status certificate should contact the condominium corporation's utility supplier directly, namely **Enersource** (hydro) at **905-273-9050**, to advise them of the ownership change and mark the reading of the meter.

Please be aware that under the new *Condominium Act, 1998*, and Section 8.3 of the Corporation's Declaration, the owner/tenant is responsible to carry **his own insurance** policy to cover for personal liability, personal belongings (stored inside the unit and/or in lockers), and deductible portion of the condo insurance. Any betterments that are excluded from the original description of a "standard unit" and, as such, the owner would be responsible for any repair/replacement of these betterments due to damage by water, fire, etc.

Please inform the Management Office in writing upon closing the resident's name(s) and mailing address as per section 47 under the *Condominium Act, 1998*, otherwise, the new resident(s) will not be entitled to vote or to receive notice of meeting of owners. **The purchaser is required to register with Management.**

If the purchaser will be a non-resident owner and shall be renting the unit, a copy of the lease agreement must be forwarded to the Management Office and the resident must comply with section 83 of the *Condominium Act, 1998*.

The amount of the Common Elements Assessment on this unit is **\$559.26** per month and is due on or before the first day of each and every month as of **March 1, 2019**.

Your client may choose to make their payment as follows:

- A) Read and sign the **enclosed form**, supplying one cheque marked "void" so that your client may have each subsequent monthly maintenance fee automatically deducted from his/her bank account.

**OR**

- B) Provide the Management Office with a series of post dated cheques, made payable to:  
**Peel Standard Condominium Corporation No. 978, Management Office,**  
**75 Eglinton Avenue West, Mississauga, ON, L5R 0E4**

Respectfully,



Allan Jasunas, per  
Debbie Lunan, General License  
Condominium Manager

Agents for and on Behalf of Peel Standard Condominium Corporation No. 978



SUITE NUMBER:

DATE \_\_\_\_\_

## RESIDENT REGISTRATION FORM

55 - 75 Eglinton Ave. West, Mississauga, Ontario L5A 3R1

### OWNER'S RECORD

Owner's Name: ..... Res. Tel ( ) .....

Bus. Tel ( ) ..... Cell: ..... Email: .....

Owner's Name: ..... Res. Tel ( ) .....

Bus. Tel ( ) ..... Cell: ..... Email: .....

Front door Entry Registry Name (Buzzer System) .....

Phone Number (has to be local number, land or cell number): ( ) .....

Security Access Key FOB Number 1) ..... 2) ..... 3) .....

**OFF SITE OWNERS** (Owners that do not live in the suite, please provide mailing address). VERY IMPORTANT PLEASE.

If an agent will be managing your suite please provide a copy of Power of Attorney document or a written signed note from the owner indicating who to contact:

Address ..... Postal Code: .....

Res. Tel. ( ) ..... Bus. Tel. ( ) .....

Alternative Contact Name ..... Tel. ( ) .....

If suite is or will be leased, please provide a complete copy of a signed lease listing names of tenants.

### **TENANT RECORD:**

Suite Leased: Yes ..... No ..... Date Leased ..... Lease Expiry Date ..... Lease on File: Yes ..... No .....

Tenant's Name: ..... Res. Tel. ( ) ..... Bus. Tel. ( ) .....

Tenant's Name: ..... Res. Tel. ( ) ..... Bus. Tel. ( ) .....

E-mail address: .....

LEASING AGENT: ..... Bus. Tel. ( ) ..... Cell ( ) .....

### **OCCUPANTS RECORD (INCLUDE NAMES OF ALL PERSONS LIVING IN UNIT)**

Occupants' Names: .....

.....

..... Total of persons: .....

**VEHICLE RECORD, please make sure you have the correct legal parking and locker space. Double check the title deed.**

Parking Spot No. .... Level P ..... License No. .... Description .....

Parking Spot No. .... Level P ..... License No. .... Description .....

## LOCKERS

Your locker number is: Level ..... Door No. .... Locker No.....

A padlock is required for your locker cage. Please ensure you carry adequate insurance for your locker contents.

## PET RECORD

Breed: ..... Name: ..... Colour: ..... Age: ..... Weight: .....

## EMERGENCY RECORD

The Ontario Fire Code requires that we maintain an up to date list of occupants who may require assistance in an emergency. Please indicate below if your name should be added to this list and what the nature of your medical condition is. (This information as well as all other information on this form is held in the strictest confidence.)

Does any occupant require **assistance** in an emergency?

Yes ..... No ..... Which Occupant (name) .....

Assistance Required (i.e. help walking, needs to be carried, help with oxygen apparatus, etc):  
.....

In case of an emergency whom should management call?

Full Name: ..... Res. Tel. ( ) ..... Bus. Tel. ( ) .....

## KEYS & LOCKS

Please note: Management must have **access to all suites** in case of an emergency. If your lock is not accessible by the master key then you are responsible for any damage done to the suite door, frame and related materials and equipment in the event that emergency access is required to your suite.

**Vacation Absence:** Do you go on vacation for any extended periods of time? Yes..... No.....  
If yes, please provide alternative contact information for Management to use to reach you during this vacation period.

Address: .....

City..... Province/State .....

Country ..... Email address: .....

**Note: it is imperative that you maintain proper insurance coverage for contents, liability (including charge-backs), and betterments and improvements.**

Notices that are required to be given to the owner may be sent by fax, electronic email or other method of electronic communication: **Yes** ..... **No** ..... (Initial) .....

**SIGNATURE:** ..... **DATE:** .....

## TENANTS **MUST** READ AND SIGN THIS FORM:

As required by the Condominium Corporation and its agents on behalf of the Declarant:

"I ~~covenant~~ and agree that I, the members of my household and my guests from time to time, will, in using the common elements and the unit rented by me comply with the Condominium Act, the Declaration and the By-laws, and all Rules and Regulations of the Condominium Corporation during the term of my tenancy."

PRINT TENANT'S FULL NAME: .....

SIGNATURE OF TENANT: ..... DATE: ..... SUITE NO: .....

PLEASE COMPLETE AND RETURN THIS FORM TO  
75 Eglinton Avenue West, Mississauga, Ontario L5A 3R1 MANAGEMENT OFFICE OR  
Fax TO: 905-507-4587 OR Email TO: [pinnacleuptown.admin@delcondo.com](mailto:pinnacleuptown.admin@delcondo.com)



## PARCEL DELIVERY WAIVER

I, \_\_\_\_\_ of Suite # \_\_\_\_\_ ☐ 55 ☐ 75 Eglinton Avenue West, hold harmless PSCC 978, their staff and their agents and grant them permission to accept parcels and packages that are clearly identified with my name and suite number as attested by my affixed signature.

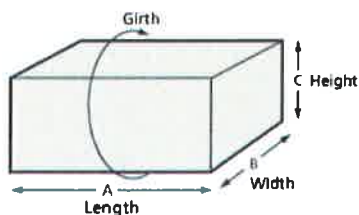
PSCC 978, their staff and their agents reserve the right to refuse parcels/packages at any time without an advanced notice. Parcels/packages that are too heavy, too large or numerous to be stored will be refused. I am also aware that the acceptance of any item is contingent on the availability of secure storage space at the time of delivery.

It is further agreed that if said parcels/packages are not claimed **within seven (7) days of receipt of parcel/package, Concierge reserves the right to return said parcel/packages on eighth calendar day.** It is the responsibility of the courier/delivery company to notify the resident that a parcel or package has been delivered. It is not the responsibility of the Management, their staff or their agents to notify me when packages arrive.

### RESTRICTIONS

1. Package must meet the following requirements:

Length	Width	Height	Weight
A	B	C	
18"	18"	18"	10 lbs.



2. Photo ID showing the address of resident must be shown to Concierge at time of parcel pick up.
3. Registered mail/court documents will not be accepted
4. Perishable Items such as food or flowers will not be accepted unless resident is home to collect them.
5. The Concierge will not accept parcels for residents that have not signed the parcel waiver.
6. This release is in effect until I notify PSCC 978 c/o DEL Property Management in writing to the contrary.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



PROPERTY MANAGEMENT INC.

Agents for and on behalf of PSCC 978  
75 Eglinton Avenue West | Mississauga, Ontario | L5R0E5  
T: 905.507.4587 | F: 905.507.1359



**Atrens-Counsel  
Insurance Brokers**  
Part of Arthur J. Gallagher Canada Limited

## **CERTIFICATE OF INSURANCE**

This is to certify that insurance described below has been effected with the Insurer(s) shown,  
subject to the terms and conditions of the policy applicable.

**NAMED INSURED:** PEEL STANDARD CONDOMINIUM CORPORATION NO. 978

**ADDITIONAL NAMED  
INSUREDS:** ALL REGISTERED UNIT OWNERS FROM TIME TO TIME AND ALL REGISTERED  
MORTGAGEES FROM TIME TO TIME

**PROPERTY INSURED:** 55 Eglinton Avenue West, Mississauga, Ontario L5R 0E4  
75 Eglinton Avenue West, Mississauga, Ontario L5R 0E5

**TERM:** July 17, 2018 TO July 17, 2019

**COMMERCIAL PACKAGE POLICY NO. 40139307**

**PROPERTY:** Form: Comprehensive All Risk Policy  
Amount of Insurance: \$120,016,260.00  
Deductibles: \$ 25,000.00 STANDARD  
\$ 25,000.00 SEWER BACKUP  
\$ 25,000.00 WATER  
\$ 25,000.00 FLOOD  
\$ 100,000.00 EARTHQUAKE  
Company: Economical Mutual Insurance Company 34%  
Novex Insurance Company 33%  
Aviva Insurance Company of Canada 33%

**COMPREHENSIVE GENERAL LIABILITY:**

Economical	Limit of Liability:	\$5,000,000.00
RSA	Excess Limit of Liability:	\$5,000,000.00

**DIRECTORS AND OFFICERS LIABILITY:**

Economical	Limit of Liability:	\$5,000,000.00
RSA	Excess Limit of Liability:	\$5,000,000.00

**EQUIPMENT BREAKDOWN INSURANCE:**

Limit per Accident:	\$120,016,260.00
Company:	Aviva Insurance Company of Canada
Policy Number:	81638409-1687

This document is furnished as a matter of courtesy and only as information of the fact that Policies have been concurrently prepared.

It is not a contract, confers no right upon any person and imposes no liability on the Insuring Companies.

A photocopy of this executed Certificate may be relied upon to the same extent as if it were an original executed certificate.

**ATRENS-COUNSEL INSURANCE BROKERS**  
Part of Arthur J. Gallagher Canada Limited

Authorized Representative

Date: July 20, 2018

*Your Protection is Our Business*  
[www.atrens-counsel.com](http://www.atrens-counsel.com)