



ExecProSM
DECLARATIONS

for
Directors', Officers', Insured Entity and
Employment Practices Liability Insurance

Insurance is afforded by the company indicated below: (Each a capital stock corporation)

- Great American Insurance Company Great American Insurance Company of New York
- Other

Note: The Insurance Company selected above shall herein be referred to as the **Insurer**.

Policy Number: CDO1339148

Policy Form Number: D22100-C

Note: This is a claims made policy, please read it carefully. Amounts incurred as **Costs of Defense** shall reduce the Limit of Liability available to pay judgments or settlements and shall also be applied against the retention. This Policy does not provide for any duty by the **Insurer** to defend those insured under the Policy.

Item 1. **Corporation:** PACIFIC THERAPEUTICS LTD.

Mailing Address: 1023 - 409 GRANVILLE STREET
VANCOUVER, BC V6C 1T2

Attention: DOUGLAS UNWIN - CEO & PRESIDENT

Item 2. **Policy Period:** From: 01/23/2011 To: 01/23/2012
(Month, Day, Year) (Month, Day, Year)
(Both dates at 12:01 a.m. Standard Time at the address of the **Corporation** as stated in Item 1)

Item 3. **Limit of Liability (Inclusive of Costs of Defense):**

██████████ Aggregate Limit of Liability for the **Policy Period**

Item 4. **Retentions:**

- Insuring Agreement A: Each Claim:
- Insuring Agreement B: Each Claim:
- Insuring Agreement C: Each Claim:
- Insuring Agreement D: Each Claim:



Item 5. **Premium: (Prepaid)**
\$10,780

Item 6. **Endorsements Attached**
D2706-C (8) D2819-C

Item 7. **Prior and Pending Date** 12/24/2009

Item 8. **Notices:** **Notice of Claim** shall be addressed to:
Great American Insurance Companies,
Canadian Executive Liability Division, Claims Department,
P.O. Box 66943, Chicago, Illinois 60666
All other notice shall be addressed to:
Great American Insurance Companies,
Canadian Executive Liability Division,
P.O. Box 66943, Chicago, Illinois 60666

These Declarations, along with the completed and signed Proposal Form and the *Directors', Officers', Insured Entity and Employment Practices Liability Insurance Policy*, shall constitute the contract between the **Insured** and the **Insurer**.

(Authorized Representative)

JAN 28 2011

(Countersignature Date)

This document was issued or made by the Company in the course of its insurance business in Canada.

**AMENDMENT TO SECTION IV.
EXCLUSIONS**

It is understood and agreed that Section IV. D. of the Policy is deleted and replaced with the following:

Section IV. D.

for any actual or alleged:

- (1) bodily injury, sickness, disease, or death of any person;
- (2) damage to or destruction of any tangible property or the loss of use thereof; or
- (3) mental anguish, emotional distress, invasion of privacy, wrongful entry, eviction, false arrest, false imprisonment, malicious prosecution, libel or slander;

provided, however, part (1) of this exclusion shall apply only to **Loss**, other than **Costs of Defence**, incurred by any **Insured Persons** for any **Claim** involving alleged violations of Section 217.1 of the Criminal Code, as amended by Bill C-45, and part (3) of this exclusion shall not apply to any **Employment Practices Claim**;

Other than as stated above, nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the Policy to which this endorsement is attached.

Insured: PACIFIC THERAPEUTICS LTD.

Policy Period: 01/23/11 to Policy expiration

Policy Number: CDO1339148

Countersigned by: _____
Authorized Representative

Endorsement Effective Date: 01/23/11



ExecProSM
Directors', Officers', Insured Entity
And Employment Practices Liability
Insurance Policy

ATTACHMENT OF COMPETITOR'S PROPOSAL FORM

It is understood and agreed that Section IX.B. of the Policy is hereby amended by the addition of the following:

Section IX.B. It is further agreed by the **Company** and the **Insured Persons** that the following document shall be considered a Proposal Form as outlined above:

ENCON APPLICATION as signed and dated on DECEMBER 04, 2009

It is further understood and agreed that the Proposal Form (which shall be on file with the **Insurer** and be deemed attached hereto as if physically attached hereto), is the basis of this Policy and is to be considered as incorporated in and constituting a part of this Policy.

Other than as stated above, nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the Policy to which this endorsement is attached.

Insured: PACIFIC THERAPEUTICS LTD.

Policy Period: 01/23/11 to Policy expiration

Policy Number: CDO1339148

Countersigned by: _____
Authorized Representative

Endorsement Effective Date: 01/23/11