

**Bowles Built-In Systems Inc.**

1646 Bayly Street

Pickering ON L1W1L9

(905)421-0090

jeff@builtin.ca

<http://www.builtin.ca/>

GST/HST Registration No.: 865775928

BILL TO

Kingdom Scarborough Project
 Limited Partnership
 C/O Skygrid Construction Inc.
 200-5750 Explorer Drive 2nd Fl
 Toronto, Ontario M9C 5L2

SHIP TO

K Square Condos
 2031 Kennedy Rd
 Toronto Ontario

INVOICE 20672**DATE** 04.02.2024 **TERMS** Due on receipt**DUE DATE** 04.02.2024**SHIP TO:**

K-Square

ACTIVITY	QTY	RATE	TAX	AMOUNT
EQUIPMENT Camera System	0	95,000.00	HST ON	0.00
EQUIPMENT Intercom/Panic System	0	125,000.00	HST ON	0.00
EQUIPMENT Door Phone	0	20,000.00	HST ON	0.00
EQUIPMENT Access Control	0	105,000.00	HST ON	0.00
EQUIPMENT Fire Monitoring	0	2,200.00	HST ON	0.00
EQUIPMENT Mechanical Systems (no monitoring)	0	950.00	HST ON	0.00
EQUIPMENT Elevator Monitoring	0	17,000.00	HST ON	0.00
EQUIPMENT CO#1		6,450.00	HST ON	
EQUIPMENT CO#2		17,845.50	HST ON	
EQUIPMENT Total	0	374,145.50	HST ON	
HOLDBACK HOLDBACK 10%	1	37,414.55	HST ON	37,414.55

Holdback request
Total Contract \$349,850

SUBTOTAL	37,414.55
HST (ON) @ 13%	4,863.89
TOTAL	42,278.44

TOTAL DUE	\$42,278.44
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Your clearance(s) / Vos certificats de décharge

We confirm that the business(es) listed below are active and in good standing with us.

Nous confirmons que la ou les entreprises énumérées ci-dessous sont actives et que leurs comptes sont en règle.

Contractor legal or trade name / Raison sociale ou appellation commerciale de l'entrepreneur	Contractor address / Adresse de l'entrepreneur	Contractor NAICS Code and Code Description / Code du SCIAN de l'entrepreneur et description	Clearance certificate number / Numéro du certificat de décharge	Validity period (dd-mmm-yyyy) / Période de validité (jj- mmm-aaaa)
BOWLES BUILT IN SYSTEMS INC.	1646 BAYLY ST, PICKERING, ON, L1W1L9, CA	561621: Security systems services (except locksmiths)	A0000IYYZ4	20-Feb-2024 to 19-Aug-2024

Under Section 141 of the *Workplace Safety and Insurance Act*, the WSIB waives our right to hold the principal (the business that has entered into a contractual agreement with the contractor/subcontractor) liable for any unpaid premiums and other amounts the contractor may owe us for the validity period specified.

Aux termes de l'article 141 de la *Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail*, la WSIB renonce à son droit de tenir l'entrepreneur principal (l'entreprise qui a conclu une entente contractuelle avec l'entrepreneur ou le sous-traitant) responsable de toute prime impayée et autre montant que l'entrepreneur pourrait lui devoir pour la période de validité indiquée.

WSIB Head Office: 200 Front Street West
Toronto, Ontario, Canada M5V 3J1

Siège social : 200, rue Front Ouest
Toronto (Ontario) Canada M5V 3J1

1-800-387-0750 | TTY/ATS 1-800-387-0050
employeraccounts@wsib.on.ca | wsib.ca



CERTIFICATE OF INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS		2A. INSURED'S FULL NAME AND MAILING ADDRESS	
Bowles Built In Systems Inc.		Bowles Built in Systems Inc.	
1646 Bayly Street		1646 Bayly Street, Pickering, ON L1W 1L9	
		2B. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS (but only with respect to the operations of the Named Insured)	
		Installation, Maintenance and Monitoring of Alarm Systems, Sales and Service of Central Vac Systems.	
Pickering	ON	POSTAL CODE L1W 1L9	Confirmation of Insurance

3. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE (M/d/yyyy)	EXPIRY DATE (M/d/yyyy)	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND / OR COMPLETED OPERATIONS <input type="checkbox"/> EMPLOYER'S LIABILITY <input type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY <input type="checkbox"/> NON-OWNED AUTOMOBILES <input type="checkbox"/> HIRED AUTOMOBILES <input type="checkbox"/> POLLUTION LIABILITY EXTENSION	Premier Canada Assurance Managers Ltd. - PT00206	2/24/2025	2/24/2026	COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE EACH OCCURRENCE PRODUCTS AND COMPLETED OPERATIONS AGGREGATE PERSONAL AND ADVERTISING INJURY LIABILITY MEDICAL PAYMENTS TENANTS LEGAL LIABILITY NON OWNED AUTOMOBILE	\$1,000	\$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$2,500 \$250,000
AUTOMOBILE LIABILITY <input type="checkbox"/> DESCRIBED AUTOMOBILES <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> LEASED AUTOMOBILES ** <input type="checkbox"/> <input type="checkbox"/> ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED BODILY INJURY (PER PERSON) BODILY INJURY (PER ACCIDENT) PROPERTY DAMAGE		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM (specify) _____				EACH OCCURRENCE AGGREGATE		
OTHER LIABILITY (SPECIFY) <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Premier Canada Assurance Managers Ltd. - PT00206	2/24/2025	2/24/2026	Failure To Perform	\$1,000	\$5,000,000

4. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

5. BROKER'S FULL NAME AND MAILING ADDRESS		6. ADDITIONAL INSURED NAME AND MAILING ADDRESS	
Mitchell Sandham Inc.			
13-467 Westney Road South			
Ajax	ON	POSTAL CODE L1S 6V8	
BROKER'S CLIENT ID: BOWLE-1			POSTAL CODE

7. CERTIFICATE AUTHORIZATION			
SIGNATURE OF AUTHORIZED REPRESENTATIVE 	PRINT NAME Kathy Faludy	POSITION HELD Commercial Account Manager	DATE February 08, 2024
COMPANY Mitchell Sandham Inc.	EMAIL ADDRESS KFaludy@mitchellsandham.com	CONTACT NUMBER HOME BUSINESS (416) 862-5627	CELL FAX (416) 862-1360

Statutory Declaration of Progress Payment Distribution by Contractor

Standard Construction Document

CCDC 9A – 2018

To be made by the Contractor as a condition for either

- second and subsequent progress payments; or
 release of holdback.

Application for payment number 20672
 dated April 2, 2024 is the last
 application for payment for which the Contractor has
 received payment.

Information Appearing in the Contract Documents

Name of Project
 K-Square Condos
 231 Kennedy Rd. Toronto, ON M1T 3G2

Date of Contract: October 7, 2020

Name of Owner Kingdom Scarborough Project Limited Partnership	Name of Contractor Bowles Built in Systems Inc.
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Declaration

I solemnly declare that, as of the date of this declaration, I am an authorized signing officer, partner or sole proprietor of the Contractor, and as such have authority to bind the Contractor, and have personal knowledge of the fact that all accounts for labour, subcontracts, products, services, and construction machinery and equipment which have been incurred directly by the Contractor in the performance of the work as required by the Contract, and for which the Owner might in any way be held responsible, have been paid in full as required by the Contract up to and including the latest progress payment received, as identified above, except for:

- 1) holdback monies properly retained,
- 2) payments deferred by agreement, or
- 3) payment withheld by reason of legitimate dispute which has been identified to the party or parties from whom payment has been withheld.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Declared before me in The town of Ajax this 2nd day of April in the year 2024
City/Town and Province

Jennifer Bowles
 Name
 Office Manager
 Title

Jennifer Bowles
 Signature

Erica Jean Meyer, a Commissioner, etc.
 Province of Ontario, for John S. Tucciarone,
 Barrister and Solicitor,
 Expires January 8, 2025.

Erica Jean Meyer
 (A Commissioner for Oaths, Notary Public, Justice of the Peace, etc.)

The making of a false or fraudulent declaration is a contravention of the Criminal Code of Canada, and could carry, upon conviction, penalties including fines or imprisonment.

This agreement is protected by copyright and is intended by the parties to be an unaltered version of CCDC 9 – 2018 except to the extent that any alterations, additions or modifications are set forth in supplementary conditions.

CCDC

9

2018

Use of this form without a CCDC 9 copyright seal constitutes an infringement of copyright. Use of this form with a CCDC 9 copyright seal demonstrates that it is intended by the parties to be an accurate and unamended version of CCDC 9A – 2018.

CCDC Copyright 2018
 Canadian Construction Documents Committee

FORM 7 DECLARATION OF LAST SUPPLY UNDER SUBSECTION 31(5) OF THE ACT

Construction Act

Bowles Built in Systems Inc.

(name of supplier)

a supplier of services or materials to an improvement being made to:

new building

(address of premises)

declares that:

1. The following services or materials were supplied: Camera system, intercom/panic systems, Door phone, access control, Mechanical systems, fire and elevator monitoring
(description of services or materials)
2. These services or materials were supplied under a contract (or subcontract) with Kingdom Scarborough Project Limited Partnership
(name of payer)
dated the 7th day of October, 2020.
3. The last supply of services or materials made by the supplier to the improvement under contract (or subcontract) was made on April 2, 2024
(date of last supply)
4. No further services or materials will be supplied under the contract (or subcontract).

Declared before me at the Town

of Ajax in the Province

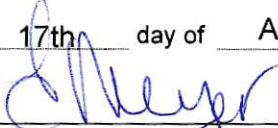
of Ontario

on the 17th day of April, 2024



Bowles Built in Systems Inc.

(supplier)


A Commissioner, etc.
Erica Jean Meyer, a Commissioner, etc.
Province of Ontario, for John S. Tucciarone,
Barrister and Solicitor,
Expires January 8, 2025.

FORM 9
CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE
CONTRACT UNDER SECTION 32 OF THE ACT
Construction Act

Toronto

(County/District/Regional Municipality/Town/City in which premises are situated)

2031 Kennedy Road

(street address and city, town, etc., or, if there is no street address, the location of the premises)

This is to certify that the contract for the following improvement:

new building


(short description of the improvement)

to the above premises was substantially performed on April 2, 2024

(date substantially performed)

Date certificate signed: April 17/24

(payment certifier where there is one - signature required)

DocuSigned by:

8B0780EFFF29404...

(owner and contractor, where there is no payment certifier - signatures required)

Name of owner: Kingdom Scarborough Project Limited Partnership

Address for service: 2031 Kennedy Road

Name of contractor: Bowles Built in Systems Inc.

Address for service: 1646 Bayly Street, Pickering, ON

Name of payment certifier (where applicable): _____

Address:

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

(if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)

B. Office to which claim for lien must be given to preserve lien:

(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)